William R. Kennedy, M.D. • Ronald P. White, M.D., P.A.

Charles W. Rush, M.D., P.A. • Gary S. Shapiro, M.D., P.A. • Michael A. Feiertag, M.D., P.A. • Ashvin I. Patel, M.D., P.A. David M. Klein, M.D., P.A. • Erik S. Herman, M.D., P.A. • Sean R. Dingle, M.D., P.A. • Edward J. Stolarski, M.D., P.A. Patrick J. O'Neill, M.D., P.A. • Donald L. Erb, D.O., P.A. • Satinderpaul S. Satia, M.D., P.A. • Ngoc-Lam Nguyen, M.D. Scott D. Talbert, PA-C • James D. DellaVecchia, PA-C • Alexis T. Sockwell, PA-C • Jacqueline M. Levin, PA-C

Victoria A. Rademaker, ARNP-C . LeAnne P. Thomas, ARNP-C

August 29, 2016

RE: (#71004)

To Whom It May Concern:

This note summarizes the procedure and transfer of the patient from Kennedy-White Orthopaedic Office Surgery Suite to Doctors Hospital on 08/22/16.

Ms. was presenting for radiofrequency lesioning of the right medial branch nerves due to lumbar spondylosis. The procedure was performed at L2, L3, L4, and L5 on the right. The patient did have conscious sedation with propofol to help decrease significant anxieties, fears, pain, and help facilitate placement of the needle.

At the completion of the radiofrequency lesioning, the patient had a mixture of 4 cc of bupivacaine 0.5% with 40 mg of methylprednisolone mixed together; 1 cc was injected through each of four needles and then the needles were removed. The patient was taken to the recovery area.

In the recovery area, she developed the block of her right lower leg. Physical exam noted diminished dorsiflexion and plantar flexion as well as numbness of the foot. She had good flexion and extension at the knee and hip.

The block was performed approximately 3:00 p.m. on 08/22/16 and since it was bupivacaine, it was felt that it would take several hours for it to wear off. The patient was unable to stand and ambulate without assistance. She could stand with assistance. She could ambulate with assistance but she was going to go home by herself and her husband at home has Alzheimer's disease and he could not render her any assistance. Therefore, it was decided that the best course of action was to admit the patient to Doctors Hospital since she lived on this side of town and wait for the block to wear off.

The patient was in agreement with the plan although she had to make arrangements for someone to care for her husband who has dementia. The patient was transported to Doctors Hospital, which was less than half mile away from our facility by Sarasota County Emergency Medical Services because the patient was unable to drive on her own and she needed to be observed for several hours until the block could wear off.

B) ICD-9-CM Codes	F.1. A.	
54-91	54.91	909.9
procedure being performed at time of specific	t, event, circumstances, or agent that caused the injury i. (ICD-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
C) Lîst any equipment used if directly in (Use additional sheets as necessary for complete recomplete recomp	nvolved in the incident	t
paracentesis su	upples	
D) Outcome of Incident (Please check)		
□ Death	Surgical proc	edure performed on the wrong site ***
Brain Damage	☐ Wrong surgio	al procedure performed **
□ Spinal Damage	□ Surgical repa surgical proce	Ir of injuries or demage from a planned edure.
<ul> <li>Surgical procedure performed on the wrong;</li> </ul>	patient. *** if it resulted	d in:
☐ A procedure to remove unplanned foreign ob remaining from surgical procedure.	ojects 🗅 Death 🗀 Brain Da	mage
Any condition that required the transfer of the patient to a hospital.	incision s	ent disfigurement not to include the scar
Outcome of transfer – e.g., death, brain damage, observation only	□ Limitation function.	or distocation of bones or joints n of neurological, physical, or sensory
Name of facility to which patient was transferre North Florida Regional Medical Hospice	Curter Datient to	Iltion that required the transfer of the a hospital.
E) List all persons, including license numb they were involved in this incident, this work care providers.  C. Barley RTR CRT 716  K. Cough lin , PA-T PAT 91  M. Bray PA-C PA 910  C. Youndthan , MD ME 62	uld Include anesthesiolog 25 - SCYUB 09645 6653	
F) List witnesses, including ilcense number 5am/ a 5 above	rs if licensed, and locatir	ng Information if not listed above
IV. ANALYSIS AND CORRECTIVE A A) Analysis (apparent cause) of this incident Patient transferred Midical Curter for		y for complete response) Grida Rlyonal
B) Describe corrective or proactive action(s)	n as etsede landilibbs sall) (1975)	есеваагу for complete георопан)
Jut NWIN	L - MO	MF 6.167.1
SIGNATURE OF PHYSICIAN/LICEN Sept 15, 2016 11:2	ISEE SUBMITTING REP	ORT LICENSE NUMBER
DATE REPORT COMPLETED  DH-MQA1030-12/06  Page 2 of 2	TIME REPORT COMPL	ETED .

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INVESTIGATION OF L

6685 NW 9<sup>th</sup> Boulevard • Galnesville, Florida 32605 Office: (352) 333-7VIP (7847) • Fax: (352) 333-0990

#7087558

The patient, arrived on August 31, 2016 for a scheduled therapeutic paracentesis related to a diagnosis of end-stage alcoholic cirrhosis of the liver. A total of 9800cc's of straw colored ascitic fluid was removed during the procedure without any obvious distress. The patient was recovered and written and verbal instructions were given to the patient who expressed understanding. Vital signs during procedure at VIP include, but not limited to: P 92 R 18 B/P 112/52 O2 Sat 99% during prepping for procedure, P 77 R 18 B/P 102/61 O2 Sat 100% during procedure, P 78 R 18 B/P 104/57 O2 sat 98% immediately prior to discharge. Was released with for transport back home.

According to hospital records, EMS was called to the patient at approximately 8:00PM this same evening for a complaint of hypotension. These same records show that EMS listed blood pressure at 54/33. We was evaluated and treated by EMS and transported to North Florida Regional Medical Center in Gainesville, Florida where was further evaluated and treated by hospital staff and physicians.

The next morning a sample was taken from his abdominal cavity and was noted to be bloody. The patient was taken to the operating room and surgical ligation of "a small arterial bleeder off a small hole in the left inferior epigastric below the level of the umbilicus" was performed.

Due to the patient's pre-existing multiple co-morbidities, was discharged home to hospice care on 09-07-16.

M. Young, RN

Clinical Coordinator



STATE OF FLORIDA Rick Scott, Governor

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

1. OFFICE INFORMATION Vascular & Interventional Painle	in 1881 W	Fernedy Bird
Name of office Tampa Biedo Hillsbannushi	Street Address	_
City ZIp Code County Adlithya Suresh	Telephone Me 118812	
Name of Physician of Licensee Reporting ·		stration number, if applicable
Patient's address for Physician or Licensee Reporting	i 33edo	
II. PATIENT INFORMATION		_
Patient Name	An-	Nodicald Mediana
Patient's Address 1 Cn 1 CV	Date of Office Visit	Medicald Medicare
Patient Identification Number other oscienosis with left lower extremity	NOV TO CYCLIN IN Purpose of Office Visit HACKNOON 4	HULL renoff 58.9/ICDIOISS.9
Diagnosis rest pain	ICD-9 Code for description of	fincident T
	Level of Surgery (II) or (III)	1
III. INCIDENT INFORMATION		
Incident Date and Time	Location of Incident:  C Operating Room  Other	Recovery Room
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No	er notified?   Yes   No	
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	)	
See attached document.	<u>B</u>	
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B)	ICD-9-CM Codes Angrovoron Foreso Lich Atr	rell'for purdere 568.81/10010 Kedool
pro	gical, diagnostic, or treatment Accident, event, o	eat caused the injury (ICD-9 Codes 800-999.9)
Ċ)	List any equipment used if directly involved (Use additional sheets as necessary for complete response)	d in the incident
D)	Outcome of Incident (Please check)	
	Death	□ Surgical procedure performed on the wrong site **
	Brain Damage	□ Wrong surgical procedure performed **
.0	Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
E) the	Surgical procedure performed on the wrong patient.  A procedure to remove unplanned foreign objects remaining from surgical procedure.  Any condition that required the transfer of the patient to a hospital.  It come of transfer – e.g., death, brain damage, then servation only doservotten, a during blotto me of facility to which patient was transferred from Tampan FL.  List all persons, including license numbers if license involved in this incident, this would include providers.  Suresh Months 118812  Biros RN 0294342  Griceron RENP 93151acc	** if it resulted in:  Death  Brain Damage  Spinal Damage  Permanent disfigurement not to include the incision scar  Fracture or dislocation of bones or joints  Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.  icensed, locating information and the capacity in which stude anesthesiologist, support staff and other health  Control of the capacity in which stude anesthesiologist, support staff and other health
	None.	ditional sheets as necessary for complete response)
~ V	SIGNATURE OF PHYSICIAN/LICENSEE	SUBMITTING REPORT LICENSE NUMBER RN 9294342 ME REPORT COMPLETED

### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#### III. INCIDENT INFORMATION

A) DESCRIBE CIRCUMSTANCES OF THE INCIDENT (NARRATIVE).

After approximately 15 mins in the recovery area patient with first hypotensive value. Dr Suresh notified, orders for 2L 0.9% NS bolus and FemoStop were immediately implemented. Nestor ARNP and Brent CRT in recovery area to assist with ordered interventions. Hypotension resolved for short periods of time with interventions. When hypotension presented ifself again Dr Suresh aware and orders to transport patient to ER were implemented at this time. EMS services called by RN at approx 1820 for transport to ER. Dr Suresh spoke with ER MD at Memorial hospital to discuss situation and arrange for ER admission at this time. EMS services arrived, report given to medic by RN (as well as documentation of procedure records given to medic for continuity of care to new care givers at hospital). Suresh at bedside to update family member/transportation provider that was present. Suresh also spoke with EMS services when they arrived to our office. Dr Suresh then met patient in ER upon arrival.

E) LOCATING INFORMATION AND THE CAPACITY IN WHICH SUPPORT STAFF WAS INVOLVED IN INCIDENT.

Location of the incident was in our recovery room area. Dr Suresh aware, orders given. Jaclyn RN and Nestor ARNP completed assessment of patient and implementing Suresh's orders. Brent CRT assisted with application of Femoral Compression system (Femostop for what appeared to be a small hematoma developing at procedure site).

# IV. ANALYSIS AND CORRECTIVE ACTION

vital signs returned to baseline.

A) APPARENT CAUSE OF THIS INCIDENT

Transfer to a higher level of care was necessitated for hypotension as well as
retroperitoneal bleed found after admission in hospital. In patient admission was
necessitated for observation of patient after Thrombin injection into pseudoaneurysm and

B) DESCRIBE CORRECTIVE OR PROACTIVE ACTION (S) TAKEN
Hold manual pressure for longer period of time as well higher placement of femstop
devices with higher puncture sticks.

MD SIGNATURE DATE



G.

# DOH: Consumer Services

SEP 2 3 2016

STATE OF FLORIDA Rick Scott, Governor

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

Pensacola Nephrology Name of office	· · · · · · · · · · · · · · · · · · ·	·	1619 Creighton Rd. Street Address		
Pensacola	32504	Escambia	8504663843		
City	Zip Code	County	Telephone		
Layne Yonehiro			ME35697 OSR1029 .		
Name of Physician or L	icensee Reporting		License Number & office registration number, if applicable		
Patient's address for Ph	nysician or Licensee	e Reporting	•		
II. PATIENT	INFORMATIO	NC			
Patient Name		•	Age Gender . Medicaid Medicare		
Patient's Address			Date of Office Visit		
Patient Identification Nu	ımber	<u> </u>	Purpose of Office Visit		
Diagnosis		····	ICD-9 Code for description of incident		
			Level of Surgery (II) or (III)		
			Level of Surgery (II) of (III)		
III. INCIDEN	T INFORMATI	ION	Level of Surgery (II) of (III)		
	TINFORMATI	ION	Level of Surgery (II) of (III)		
09/14/2016 1300		ION	Location of Incident: ☐ Operating Room		
09/14/2016 1300 Incident Date and Time	·		Location of Incident:  ☐ Operating Room ☐ Other		
09/14/2016 1300 Incident Date and Time  Note: If the incider	·	ath, was the medic	Location of Incident: ☐ Operating Room		
09/14/2016 1300 Incident Date and Time  Note: If the incider  Was an auto	nt involved a de psy performed? cumstances o	ath, was the medic P □Yes □ No of the incident (r	Location of Incident:  Operating Room Recovery Room Other All examiner notified? Yes No		
09/14/2016 1300 Incident Date and Time  Note: If the incider  Was an auto  A) Describe circ  (use additional she	nt involved a de psy performed? cumstances c ets as necessary fo	ath, was the medion P □Yes □ No  of the incident (no complete response)	Location of Incident:  Operating Room Recovery Room Other Al examiner notified? Yes No		
09/14/2016 1300 Incident Date and Time  Note: If the incider Was an auto  A) Describe circ (use additional she Patient arrived for sch	nt involved a de psy performed? cumstances o ets as necessary fo neduled angiogran	ath, was the medice?   Yes   No  Of the incident (incomplete response)  No VS 171/85, HR 72,	Location of Incident:  Operating Room Recovery Room Cal examiner notified? Yes No  narrative)  T97.8. Patient to procedure room 2. Pt prepped and attached monitor.		
09/14/2016 1300 Incident Date and Time Note: If the incider Was an auto  A) Describe circ (use additional she Patient arrived for sch	nt involved a de psy performed?  cumstances dets as necessary for neduled angiogran and well, bilatera	ath, was the medice P   PYes PNo  of the incident (Incomplete response)  n. VS 171/85, HR 72,  I groins accessed,	Location of Incident:  Operating Room Recovery Room  Cal examiner notified? Yes No  narrative)  T97.8. Patient to procedure room 2. Pt prepped and attached monitor.  Ieft groin with small hematoma prior to left iliac stent		
09/14/2016 1300 Incident Date and Time Note: If the incider Was an auto  A) Describe circ (use additional she Patient arrived for sch	nt involved a de psy performed?  cumstances dets as necessary for neduled angiogran and well, bilatera	ath, was the medice P   PYes PNo  of the incident (Incomplete response)  n. VS 171/85, HR 72,  I groins accessed,	Location of Incident:  Operating Room Recovery Room Cal examiner notified? Yes No  narrative)  T97.8. Patient to procedure room 2. Pt prepped and attached monitor.		
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09/14/2016 1300 ncident Date and Time Note: If the incider Was an auto  A) Describe circ (use additional she Patient arrived for sch Procedure tolerate placement. MD he scrub tech. Left groi	nt involved a de psy performed? cumstances cets as necessary for neduled angiogran ed well, bilatera eld pressure, le	ath, was the medice of the incident (represented in the incident (represented in the incident (represented in the incident (represented in the incident in the	Location of Incident:  Operating Room Recovery Room  Cal examiner notified? Yes No  Parrative)  T97.8. Patient to procedure room 2. Pt prepped and attached monitor.  Ieft groin with small hematoma prior to left iliac stent adure concluded. Right groin held with manual pressure by and removed in recovery as directed. Patient used bedpan two		
09/14/2016 1300 Incident Date and Time  Note: If the incider Was an auto  A) Describe circ (use additional she Patient arrived for sch Procedure tolerate placement. MD he scrub tech. Left groi times with 200cc u	nt involved a de psy performed?  cumstances controlled angiogramed well, bilatera eld pressure, le memoral plantine output in p	ath, was the medic?   PYes  No  Of the incident (represent the response)  Note: No. 171/85, HR 72,  I groins accessed,  If groin soft, procedure room.Pa	Location of Incident:  Operating Room Recovery Room  Cal examiner notified? Yes No  Parrative)  T97.8. Patient to procedure room 2. Pt prepped and attached monitor.  Ieft groin with small hematoma prior to left iliac stent adure concluded. Right groin held with manual pressure by		
09/14/2016 1300 Incident Date and Time Note: If the incider Was an auto  A) Describe circ (use additional she Patient arrived for sch Procedure tolerate placement. MD he scrub tech. Left groi times with 200cc u left or right groins.	nt involved a de psy performed? cumstances dets as necessary for neduled angiogram and well, bilatera and pressure, le n "Femstop" plantine output in p	ath, was the medic?  PYes PNo  of the incident (represented procedure response)  of the incident (represented procedure response)  of the incident (represented procedure response)  of the incident (response)	Location of Incident:  Operating Room Recovery Room  Cal examiner notified? Yes No  Parrative)  T97.8. Patient to procedure room 2. Pt prepped and attached monitor.  Ieft groin with small hematoma prior to left iliac stent adure concluded. Right groin held with manual pressure by and removed in recovery as directed. Patient used bedpan two tient was moved to stretcher by slideboard with no change in		
09/14/2016 1300 Incident Date and Time Note: If the incider Was an auto  A) Describe circ (use additional she Patient arrived for sch Procedure tolerate placement. MD he scrub tech. Left groi times with 200cc u left or right groins. was crying because	nt involved a de psy performed? cumstances dets as necessary for neduled angiogran ed well, bilatera eld pressure, le in "Femstop" plantine output in p	ath, was the medice?   Pres No  of the incident (represented to the incident (represented to the incident (represented to the incident (represented to the incident i	Location of Incident:  Operating Room Recovery Room  Cal examiner notified? Yes No  Parrative  T97.8. Patient to procedure room 2. Pt prepped and attached monitor.  Ieft groin with small hematoma prior to left iliac stent dure concluded. Right groin held with manual pressure by and removed in recovery as directed. Patient used bedpan two tient was moved to stretcher by slideboard with no change in a uneventful until 1300. 1255 patient used bedpan again and		

P) ICD-3-CIM Codes					
z95.820 Surgical, diagnostic, or treatment	Accident, event,	circun	nstances, or	Resulting injury	
		at caused the injury		(ICD-9 Codes 800-999.9)	
C) List any equipment used if (Use additional sheets as necessary for	directly involved complete response)	d in t	he incident		
D) Outcome of Incident (Pleas	e check)				
] Death .			Surgical proced	ure performed on the wrong site **	
] Brain Damage			Wrong surgical	procedure performed **	
Spinal Damage				of injuries or damage from a planned	
Surgical procedure performed on t	the wrong patient.	surgical procedure.			
A procedure to remove unplanned remaining from surgical procedure			** if it resulted ir ☐ Death ☐ Brain Dama ☐ Spinal Dam	ge	
Any condition that required the transfer of the patient to a hospital.			Permanent incision sca	disfigurement not to include the	
outcome of transfer – e.g., death, brai		.	Limitation o function.	f neurological, physical, or sensory	
lame of facility to which patient was Sacred Heart Hospital	transferred:		Any condition  patient to a	on that required the transfer of the hospital.	
E) List all persons, including licer hey were involved in this incident care providers.  Lanye Yonehiro MD	t, this would inclu ME35697	ude a	d, locating info	ormation and the capacity in which it, support staff and other health	
Michael Boslet RT	CRT84488				
Carol Chavez RN	RN926174				
Olivia D. Swaan ST/RT	<u>CRT37200</u>	0	<del></del>	· · · · · · · · · · · · · · · · · · ·	
) List witnesses, including licens	se numbers if lice	ensed	, and locating	information if not listed above	
			<del>_</del>		
C)			- <del></del>		
V. ANALÝSIS AND CORRI  A) Analysis (apparent cause) of this			cets as necessary fo	, or complete response)	
PATIENT HAD INTERNAL HE	MATOMA. DR	. YO	NEHIRO WA	NTED PATIENT TO ER FOR	
VALUATION.					
Describe corrective or proactive  PEVIEW DOLLOW AND DDOC	action(s) taken (Us	se addit	ional sheets as nece	assary for complete response)	
REVIEW POLICY AND PROC REVIEW BOARD. INVIDENT					
1	7		<u> </u>	TELLING CHELING	
SIGNATURE OF PHYSICI		URMI	TTING REPO	RT: LICENSE NUMBER :	
9/14/2016		410			
. DATE REPORT COMPLE	TED TIME	REPO	ORT COMPLET	red.	



STATE OF FLORIDA Rick Scott, Governor

63973

### PHYSICIAN OFFICE. · ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

v	•
1. OFFICE INFORMATION Sarasotu Interventional Rediology	600 N Cettleman Rd. Suit 100
Name of office	Street Address 941-736 378-323/.
Sarasota Zip Code County	Telephone Telephone
Dr g gullbs	
Name of Physician of Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
.,	
II PATIENT INFORMATION	
/	
	Age 9-28-/6 Medicald Medicare
Patient's Address	Date of Office Visit  Wer Mass Brown:
Patient Identification Number	Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	and the same of th
10 Incident Date and Time	Location of incident:  D Operating Room  D Recovery Room
	□ Other
Note: If the incident involved a death, was the medical exan Was an autopsy performed? □ Yes □ No	niner notified?   Yes   No
	(VF)
A) Describe circumstances of the incident (narration (use additional sheets as necessary for complete response)	ve)
Pt in PACU s la rencomente	ated line beginn Polled to see not
in 10 cours for hunotoming	Tiraduraidia & alidaminal
ducompost Rot the plant hol	us of solice alsonine O. SmcIV, +
extraction 20mg/V. BPeHRata	belief into 130-140/60-80
7 HR in 80 s. approximalists	20min later Bly into 805/505
¿ approx. / af curtableil in	Tx Enhandyphrine 100 mcs.
Blinto 120,160s. CT ican of	ained demonstrating infragruelar
hematema. EUS colled.	It required an odditional
SOURCE Was phenylpeply	un fin order to maintain of.
DH-MQA1030-12/06 Jeanspire to D	often Harpela. ER physician
Page 1 of 2 called - informed	of circumstance
- · · · · · · · · · · · · · · · · · · ·	- /////

B) ICD-9-CM Codes				•
R93,2.			•	•
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, specific agent the or event. (ICD-9)	at cause	d the injury	Resulting injury (ICD-9 Codes 800-999.9)
C) list any aguinment used if d			· ,	
<ul> <li>C) List any equipment used if d (Use additional sheets as necessary for c</li> </ul>	omplete response)	in the	incident	
			•	
D) Outcome of Incident (Please	check)		·	:: !
□ Death		□ Su	gical procedure	performed on the wrong site **
☐ Brain Damage	•			cedure performed **
□ Spinal Damage		D Sur	gical repair of i	juries or damage from a planned
□ Surgical procedure performed on the	e wrong patient.		- •	•
<ul> <li>A procedure to remove unplanned in remaining from surgical procedure.</li> </ul>	foreign objects	*** [i	it resuited in: Death Brain Damage	,
Any condition that required the tran	sfer of the	<u> </u>	Spinal Damag	· ·
patient to a hospital.			incision scar	figurement not to include the
Outcome of transfér - e.g., death, brain	damage,		Fracture or dis	ocation of bones or joints eurological, physical, or sensory
observation only - Name of facility to which patient was t	ransferred;	-	function.	that required the transfer of the
Diocton Hosquited Sc	wasofa?		patient to a ho	spital.
E) List all persons, including licens they were involved in this incident, care providers.  Petu Fernandes  Rachel Graham. Rockel Graham. Rockel (Vestmilla)  Valorie Krawlton Rockel	this would includ	ensed, I de anes	ocating informathesiologist,	nation and the capacity in which support staff and other health
F) List witnesses, including license	numbers if licer		nd locating in	ormation if not listed above
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this			ss necessary for c	grapiete reeponse)
		:	·	
B) Describe corrective or proactive a	ction(s) taken (U=	e additions	d sheets as nocess	ry for complete response)
A	<del></del>			ii
V. SIGNATURE OF PHYSICIA	N/I ICENISEE SI	JERATT	ING REDOPT	ME 63973 LICENSE NUMBER
10-4-16	<u> </u>	1/00		· ·
DATE REPORT COMPLET	IED TIME F	KEPOR	COMPLETE	Ψ



OFFICE INFORMATION

STATE OF FLORIDA Rick Scott, Governor

# PHYSICIAN OFFICE ADVERSE INCIDENT/REPORT

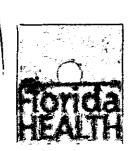
**DOH Consumer Service** 

OCT 1-6 2016

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

Vascular Surgery Associates	2631 Centennial Blvd
Name of office	Street Address
Tallahassee 32308 Leon	
City Zip Code County	Telephone .
Dr. Dan Kaelin ME 49211.  Name of Physician or Licensee Reporting	ME0049211 OSR925 License Number & office registration number, if applicable
Name of Physician of Licensee Reporting	
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	•
	- _■ Male ⊡ ⊠
Patient Name	Age Gender Medicaid Medicare 9-28-16
Patient's Address	9-28-16 Date of Office Visit
14095 Patient Identification Number	Abdominal aortogram with femoral runoff  Purpose of Office Visit
<u>1</u> 70.213	<u> 197</u> .3 _ ·
Diagnosis	ICD-9 Code for description of incident Level II
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
9-28-16 1130	Location of Incident:
Incident Date and Time	☐ Operating Room ☐ Recovery Room ※D Other <u>angiography su</u> ite
All controls to the late of the second of th	
Note: If the incident involved a death, was the medi	
A) Describe circumstances of the incident (	(no wenting)
(use additional sheets as necessary for complete response)	narradive)
1130 Patient to recovery following abdominal aortogram w	vith femoral runoff_and_percutaneous vascular intervention.
	nd atbedside. Patient placed in trendelenberg , IV fluid bolus administered
	tient hypotensive, AOx4, NAD. Dr. Kaelin notified, at bedside. Patient
	r verbal order. Patient reports abdominal pain, RLQ noted to be firm
	, bleeding source identified and stopped. 1300 Order given to transfer
	0 EMS arrived, bedside report given. 1340 Family notified regarding
•	sfered via EMS, VSS, AOX4, belongings picked up by patients daughter
	sieren vie rimo, voo, wova, neintidings bicked up by patients daughter
DH-MQA1030-12/06 Page 1 of 3	·

B) ICD-9-CM Codes			
•	NIZA		197.3
N/A Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	N/A Accident, event, of specific agent that or event. (ICD-9)	circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if of (Use additional sheets as necessary for o	directly involved complete response)	I in the incident	
N/A			
D) Outcome of Incident (Please	e check)		
□ Death		□ Surgical proced	ure performed on the wrong site **
□ Brain Damage			procedure performed **
□ Brain Damage		u wrong surgical	procedure performed
□ Spinal Damage		<ul> <li>Surgical repair of surgical procedu</li> </ul>	of injuries or damage from a planned
.  Surgical procedure performed on the surgical performance	he wrong patient.		•
A procedure to remove unplanned remaining from surgical procedure.		** if it resulted ir □ Death □ Brain Dama	age
<ul> <li>Any condition that required the transpatient to a hospital.</li> </ul>	nsfer of the	incision sca	disfigurement not to include the
Outcome of transfer – e.g., death, brain observation only <u>observation, blood trai</u> Name of facility to which patient was	nsfusion	□ Limitation o function.	dislocation of bones or joints of neurological, physical, or sensory
Tallahassee Memorial Hospital	mansieneu.	patient to a	on that required the transfer of the hospital.
E) List all persons, including licenthey were involved in this incident care providers.  Ashley Matyjaszek RN 9265206  Cameron Carroll RPA Lab Manager 110  L. Dan Kaelin MD ME0049211  Julie Angelier RN 9305209	, this would inclu Bryc	ensed, locating info ide anesthesiologis e Carroll. RN 9343358	ormation and the capacity in which st, support staff and other health
F) List witnesses, including licens  N/A	e numbers if lice	nsed, and locating	information if not listed above
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this	incident (Use additi	onal sheets as necessary fo	
B) Describe corrective or proactive  N/A		se additional sheets as nece	essary for complete response)



Page 1 of 2

STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Services

# PHYSICIAN OFFICE ... 101 3 2016 ADVERSE INCIDENT REPORT

#### SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

Name of office			915 West Monroe St Suite 100 Street Address	
Jacksonville City	<u>32204</u> Zíp Code	_ <u>Duval</u> County	(904) 518-1398 Telephone	
•	•	•	•	
Dr. Paul Vitulli Name of Physician or Lic	OS10498		OSR 1157  License Number & office registration number, if app	nlicahla
Name of Physician of the	ensee reporting		License Notifiber &, office registration number, if app	pilcable
Patient's address for Phy	rsician or Licensee	Reporting		
II. PATIENT	INFORMATIO	NC		
		·	Maie 💆	
Patient Name			Age Gender Medicaîd October 4, 2016	Medicar
Patient's Address			Date of Office Visit	
PERCH0001 Patient Identification Nur	nh a n		<u>Treatment of severe PVD.</u> Purpose of Office Visit	
PVD, Abnormal A			· 173.9	
Diagnosis		. <del>.</del>	ICD-9 Code for description of incident	
			Level of Surgery (II) or (III)	
III. INCIDENT	INFORMAT	ION		
October 4th, 2016	:			
Incident Date and Time	······································		Location of Incident:  ☑ Operating Room ☐ Recovery Room ☐ Other	
Note: If the inciden	t involved a de osy performed:		examiner notified? □ Yeṡ □ No	
		of the incident /no	rative)	
Was an autor  A) Describe circ		or complete response)		
Was an autop  A) Describe circ (use additional shee	ets as necessary f	or complete response)	al closure but failed Manual	
Was an autop  A) Describe circ (use additional sheet  Starclose de	ets as necessary f Vice was	or complete response) used for arteria	al closure but failed. Manual	woll
Was an autor  A) Describe circ (use additional shee  Starclose de compression	ets as necessary f vice was was held	or complete response) used for arteria I for 60 minute	s. Patient tolerated the procedure	•
Was an autor  A) Describe circ (use additional shee  Starclose de compression  A small to m	ets as necessary f vice was was helc oderate ri	or complete response) used for arteria I for 60 minute ght groin hema	s. Patient tolerated the procedure atoma resulted. Overnight monitor	ring
Was an autor  A) Describe circ (use additional shee  Starclose de compression  A small to m	ets as necessary f vice was was helc oderate ri	or complete response) used for arteria I for 60 minute ght groin hema	s. Patient tolerated the procedure	ring
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Was an autor  A) Describe circ (use additional sheet)  Starclose de compression A small to m of the access	ets as necessary f vice was was held oderate ri s site was	or complete response) used for arteria I for 60 minute ght groin hema suggested to	s. Patient tolerated the procedure atoma resulted. Overnight monitor	ring
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Was an autor  A) Describe circ (use additional sheet)  Starclose de compression A small to m of the access	ets as necessary f vice was was held oderate ri s site was	or complete response) used for arteria I for 60 minute ght groin hema suggested to	s. Patient tolerated the procedure atoma resulted. Overnight monitor the patient and therefore the patie	ring
Was an autor  A) Describe circ (use additional sheet)  Starclose de compression A small to m of the access	ets as necessary f vice was was held oderate ri s site was	or complete response) used for arteria I for 60 minute ght groin hema suggested to	s. Patient tolerated the procedure atoma resulted. Overnight monitor the patient and therefore the patie	ring





#### STATE OF FLORIDA Rick Scott, Governor

2016/2036-52

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#### SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION	
	2327 Aaron St
Thomas Korns, Jr. M.D. RA. Name of office	Street Address
Pt Charlotte FL33952 Charlotte City Zip Code County	941-235-4400
	Telephone
Thomas Karts Jr. M.D.  Name of Physician or Licensee Reporting  2327 Aaron St. Pt Charlotte, FL 33952  Polient's address for Physician or Licensee Reporting	ME78298 AH(A cut#/3394) License Number & office registration number, if applicable  Exept. # HCC 11146
Polients address for Physician or Licensee Reporting  Physicians	•
II. PATIENT INFORMATION	
Patient Name A	Age 3-/4-16 Gender Medicaid Medicare
Patient's Address McAlcare # 100 309717 A Patient Identification Number Putherford Class 4 WI Ischemic Rest Pain Diagnosis	Date of Office Visit  Right lower extremity anglogram, anompla  Purpose of Office Visit Jatherec Kny, poss the  ICD & Code for description of incident
70	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
March 14, 2016 9:28 am Incident Date and Time	Location of Incident:  Operating Room (proced on Recovery Room Other
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes 🧎 No	
A) Describe circumstances of the incident (narrative)     (use additional sheets as necessary for complete response)	MAR 3 1 2016
see attached	
<del></del>	

IO  B) ICD-X-CM Codes					
I70.221	T782 X X	A		G931	
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99:9)  TCP 10		circu at ca	used the injury	Resulting injury (ICD-9 Godes 800-999.9)  FCP 10	
C) List any equipment used if di (Use additional sheets as necessary for co	mplete response)				
Spectranetics la	ser all	Q,	rectory.	device	
D) Outcome of Incident (Please of			0		
□ Death			Surgical procedu	re performed on the wrong site **	
Brain Damage	•		Wrong surgical p	rocedure performed **	
□ Spinal Damage			Surgical repair of surgical procedur	finjuries or damage from a planned	
□ Surgical procedure performed on the	wrong patient.		** if it resulted in:		
<ul> <li>A procedure to remove unplanned for remaining from surgical procedure.</li> </ul>	oreign objects		<ul><li>□ Death</li><li>□ Brain Damag</li></ul>	ge	
<ul> <li>Any condition that required the trans patient to a hospital.</li> </ul>	fer of the	!	incision scar	isfigurement not to include the	
Outcome of transfer – e.g., death brain o	damage,			lislocation of bones or joints neurological, physical, or sensory	
Name of facility to which patient was tr Bayfront Health Port C	ansferred: harloff		<ul> <li>Any condition patient to a h</li> </ul>	n that required the transfer of the cospital.	
E) List all persons, including licens they were involved in this incident, to care providers.					>h
F) List witnesses, including license See alleched	numbers if lice	nse	d, and locating i	nformation if not listed above	
IV. ANALYSIS AND CORRECT A) Analysis (apparent cause) of this in the case) of the case of			heets as necessary for	complete response)	
B) Describe corrective or proactive as	ction(s) taken (us	e add	litional sheets as neces	sary for complete response)	
V. SIGNATURE OF PHYSICIAN	Vinda Vinda	5/	MITTING REPOR	ME78298 T LICENSE NUMBER	_
3-25-16 DATE REPORT COMPLET			O: 30 A~ PORT COMPLETE		

Society of Thoracic Surgeons, Member Society for Vascular Surgery, Member

# THOMAS KARTIS, JR., M.D.

Cardiac, Vascular, Endovascular, and Thoracic Surgery

www.MyHeartLungDoc.com

American College of Surgeons, Fellow American College of Cardiology, Fellow American College of Chest Physicians, Fellow 2327 Aaron Street Port Charlotte, FL 33952

Phone: 941.235.4400 Fax: 941.235.4402

#### Question A:

Patient was undergoing right lower extremity angiogram with intervention for symptomatic (Rutherford Class 4 ischemic rest pain) with occlusion of her mid-superficial femoral artery. At the final phase of the laser atherectomy, she was suddenly noted to have a precipitous drop in blood pressure while awake enough to complain of an upset stomach. There was no initial change in heart rate or respiratory rate. Epinephrine was given and CPR started and 911 was called for EMS to arrive and transfer the patient to nearby Bayfront Health Port Charlotte emergency room for continued CPR and intubation in transit. The patient stabilized and was off any pressor support on post-op day two; however, the patient's daughter elected to honor the patients wishes and withdrew ventilator support due to the neurologist finding of probable ischemic brain injury and the patient died after that. All CT scans of her brain, chest, abdomen, and pelvis showed to acute pathology.

#### Question E:

#### Persons present in the procedure room:

Kimberly Dixon, RN RN3252272

Tammy Finnerty EMT, PMD EMT525297, PMD520095 maintained airway

Alexander Toledo, RN RN9407942 performed CPR

Cody Gordon Surgical scrub tech assistant performed CPR

Thomas Kitchen C-Arm controller

#### Question F:

#### All Witnesses:

William Perry Spectranetics company representative

Brandon Jacoby Cook company representative

Valeria Spearmon office staff in front office

#### Question IV A:

Possible reaction to the laser device.

#### Question IV B:

Additional laser devices with the same Reference # 417-152 and Lot #FAZ16A20A were removed and the Spectranetics company was notified.

2016/2406

STATE OF FLORIDA Rick Scott, Governor

DOH Consumer Service



Page 1 of 2

#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

APR 0 6 2016

SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Ta! ahassee, Florida 32399-3275

	The state of the s	•
	1. OFFICE INFORMATION Open Access Lifetine	Heyor NW and Ave #101
	Name of office .	Street Address
	N. Miame Bch 33169 Dade	3059485333
	City Zip Code County	Telephone
	Santurd Altman UD	ME 58495 105R 744
•	Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
	Patient's address for Physician or Licensee Reporting	
	II. PATIENT INFORMATION	
1		G 74
	Rationt Name + 1 O rl 1	Age Alex I Gender Medicaid Medicare
	Patient's Address	Date of Office Visit and the land
	1 17500 6 141	Evaluating of the Minbress
	Pattent Identification Number (S.R.F.)	Purpose of Office Visit 7
	Diagnosis	ICD-9 Code for description of incident
	•	Level of Surgery (II) or (III)
	III. INCIDENT INFORMATION	
	2/01/1/ 1/12 -10	
	Incident Date and Time	Location of Incident:  □ Operating Room □ Recovery Room
	N.	1) Other Parking Lot
	Note: If the incident involved a death, was the medical examine	er notified?   Yes   No
	Was an autopsy performed? □ Yes □ No	
	A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	)
		complications. Pt Died @ 1234
	to lobby to awast transportation, P	It seen in parking lot by employee
	Rulph Hedengren. Pt = Go difficulty brea	thing - was returned to the lobby,
	Seen + transported via w/c to recov	ery area & Dr altman presenta 1:13p
	Pt do was having difficulty by	reathing and could not recline
		rebreather mask @ 151/min. 911
	called ambulance arrived a 1:24 br	
	North Hospital, Pt awake, alert +	
		oriented but appeared to be
	in respiratory distress.	
	DH-MQA1030-12/06	

B) ICD-9-CM Codes	E876.9,84	9.8		
		428,0,518,4	n/a	_
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)		circumstances, or at caused the injury E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)	
C) List any equipment used if of (Use additional sheets as necessary for o		d in the incident		
not applicable				_
D) Outcome of Incident (Please	check)		-	
Death	<u></u>	☐ Surgical procede	ure performed on the wrong site **	
□ Brain Damage		□ Wrong surgical	procedure performed **	
□ Spinal Damage -	- 1	্র -Surgical repair o surgical procedu	of injuries or damage from a planned lare.	
<ul> <li>Surgical procedure performed on the</li> </ul>	ne wrong patient.	** if it resulted in	1:	
A procedure to remove unplanned remaining from surgical procedure.		Death Brain Dama	ge	
Any condition that required the tran patient to a hospital.	sfer of the	☐ Spinal Dam ☐ Permanent incision sca	disfigurement not to include the	
Outcome of transfer – e.g., death, brain damage, observation only Death  Name of facility to which patient was transferred:  JACKSON North Hospital  E) List all persons, including license numbers if licensed, locating information and the capacity in which				
they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.  Ralph Hedengmen - Transported pt to lecevery to poticing pt & sob  Karla Rosen RN 9207140 / assisked physician & Startine  Klubaul Phunner RN 2121802 D2 getting pt m Stretcle  Olga Pazos RN 9305393 Jprep for Ambulance  [aid at 16401 NN 2nd Ave #101 Nmiam Ech Pf 33169)  F) List witnesses, including license numbers if licensed, and locating information if not listed above				
IV. ANALYSIS AND CORRECTIVE ACTION  A) Analysis (apparent cause) of this incident (use additional sheets as necessary for complete response)  Fatient Stalle from a following the related to mace considering the related to make				



STATE OF FLORIDA Rick Scott, Governor

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

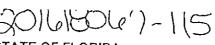
SUBMIT FORM TO:

SUBMIT FORM TO:
Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75

	Tallahassee, Florida 32399-3275
1. OFFICE INFORMATION  Intervasc (2) Bay Radiology  Name of Office:  Paramacuty 32401 Bay  City Zip Code County  Scott Ramey MD  Name of Physician or Licensee Reporting	Street Address  857-873-3990  Telephone  ME 41727/OSR + 664  License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	Age ( ) Gender Medicaid Medicare
Patient's Address	Date of Office Visit
Patient's Address  128240 Patient Identification, Number Clotto Kult Av Tistula Diagnosis	Purpose of Office Visit  PUC 10 - T82.858A  ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION  5/13/16 @ 1650  Incident Date and Time	Location of Incident:  **TOperating Room
Note: If the incident involved a death, was the medical Was an autopsy performed? □ Yes □ No	examiner notified? □ Yes □ No
A) Describe circumstances of the incident (na (use additional sheets as necessary for complete response)	rative)
see attached typed narras	<u> </u>
. : !	
DH-MQA 1030-12/06 Page 1 of 2	

P.003/004

(FAX)850.873.3974



STATE OF FLORIDA Rick Scott, Governor

**DOH Consumer Services** 

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

JUN 28 2018

SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I. OFFICE Vascular Interventions	INFORMATIC	)N	126	66 Telecom Drive	
Name of office	o i rampa			t Address	
Temple Terrace	33637	Hillsborough	(813	)972-4700	
City	Zip Code	County	Telep		
Wesley Gabbard			ME	105493 OSR 1096	
Name of Physician or			Licens	se Number & office registr	ation number, if applicable
12666 Telecom			_		
Patient's address for P	'nysician or License	e Reporting			
II. PATIENT	INFORMATI	OÑ			
	İ		_		
			Age	Gender	☐ ☑ ☑ Medicaid Medicare
			06/13/2	016	iviedicaid (viedicale
				of Office Visit rexchange and Graftogram	
				se of Office Visit 7238,35870,36216,75710	
			ICD-9	Code for description of inc	cident
			Level II	of Surgery (II) or (III)	
III INCIDEN	TIMEODMAT	1011		-,, 3-13 413 et 4115	
III. INCIDEN	TINFORMAT	ION			
06/14/2016 time un				on of Incident:	
Incident Date and Time	!			erating Room er Brandon Regional Hospital	Recovery Room
Note: If the incide	nt involved a de	ath, was the m	edical examiner notifie	ed? □Yes ៧ No	
Was an auto	psy performed	? □Yes ☑ No			/
A) Describe circ	cumstances dets as necessary for	of the inciden	it (narrative)		
Please see attach			*		
	· · · · · · · · · · · · · · · · · · ·			<del></del>	
<i>i</i>	<del></del>				
			T		
100	-				
DII 340 4 4000 4040	4		_		The Afficiation of the Control of th
DH-MQA1030-12/06 Page 1 of 2	)				
Lancing ieview A	VIII DE CONQUE	VIEN AIR BINC	n cause amaiysis:		
,	· · · · · · · · · · · · · · · · · · ·				
B) Describe corre	ctive or proacti	ve action(s) tak	Cen (Use additional sheets a	s necessary for complete re	esponse)
			staff members dur		
to include high					
V 41	600	77/			
V. SIGNATU	RE OF PHYSI	CIAN/LICENSI	EE SUBMITTING RE	PORT LICENSE	NUMBER
06/20/2016		OM WEIGHTON	11:45 a.m,.	TI OKT LICENSE	. NONDER
DATE R	EPORT COMP	LETED	TIME REPORT COMP	PLETED	



# A) Describe circumstances of the incident (narrative)

Patient was seen in our center on 6/13/2016 for a left upper arm Arteriovenous Graft Thrombectomy and Catheter change. Patient tolerated procedure without difficulty. Procedure completed without complications. Patient post procedure vital signs were within baseline of preprocedure. Patient complained of post procedure pain and was given a prescription for pain medication. Patient discharged home at 6:34 p.m. on 06/13/2016.

Incoming call received on 06/14/2016 at 10:30 a.m. from dialysis center RN stating, "Patient is refusing cannulation of left upper arm Arteriovenous Graft due to pain, there is a positive bruit. However an absent left radial pulse and left fingernail beds turning blue." RN states is sending patient to local Emergency Department.

Upon routine follow-up call placed on 06/15/2016, patient's sister stated, "patient was admitted yesterday to the Intensive Care Unit at Brandon Regional Hospital, arm is black, is too unstable to do a procedure on arm." The patient's sister also states, "There was a femoral catheter placed yesterday and the patient had a dialysis treatment though that catheter."

Incoming call on 06/16/2016 at 11:50 a.m. from RN at dialysis center stating the patient expired while in the hospital today due to ischemic gut and hypotensive shock.

It is unknown to our center if the hospital notified the medical examiner.

It is unknown to our center if an autopsy was performed.

Outgoing call on 6/16/2016 at 1:00 p.m. to Brandon Regional Hospital by Center Manager; the hospital staff would not share any details about the patient.

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SOUTH FLORIDA VASCULAR ASSOCIATES Leading Change in Vascular Care

William H. Julien, M.D. Curris Anderson, M.D. Endovascular Surgery Image Guided Surgery
Board Certified in Intel Wilth Longumer Services

JUN 2 9 2016

2014	18178			
	FACSIMILE	TRANSMIT	TAL SHEET	
ro: Department of He Services Unit	alth, Consumer	from:	Curtis Anderson,	MD # 114142
COMPANY: South Florida Vas	cular Associates	DATE:	06/27/2016	······································
FAX NUMBER: 1-850-4880796		TOTAL	NO. OF PAGES INCLUDIN	NG COVER:
PHONE NUMBER: 954-725-4141		SENDE	r's reference number	
Physician Office A Report Pt 1	dverse Incident	YOUR R	eference number:	
□urgent □forri	EVIEW   PLEASE	E COMMENT	□ please reply	□ please recycle
NOTES/COMMENTS:	With a second			
FURTHER TO OUR FA				FFICE VISIT ES TO FOLLOW VIA

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10151 ENTERPRISE CENTER BLVD, SUITE 204 BOYNTON BEACH, FL 33437 TEL: (561)752-5195 • FAX: (954) 725-4318

**FEDEX** 

5300 W HILLSBORO BLVD, SUITE 107 COCONUT CREEK, FL 33073 Tel: (954) 725-4141 · Fax: (954) 725-4318

201 NW 82ND AVE, SUITE 105 PLANTATION, FL 33324 TEL: (954)725-4141 - FAX: (954)725-4318



William Julien, MD Charline Berrouët, NP-C

10151 Enterprise Center Blvd, Suite 204 Boynton Besch, FL 33437 Tel: (561)752-5195 • Fax: (954) 725-4318 Manwant Khatkar, PA-C

5300 W Hillsboro Blvd, Snite 107 Coconut Creek, FL 33073 Tel: (954) 725-4141 • Fax: (954) 725-4318 Sreejit Nair MD Marisa Gardner, PA-C

201 NW 82nd Ave, Suite 302 Plantation, FL 33324 Tel; (954)725-4141 • Fax; (954)725-4318

#### Office visit

Patient Name: MRN#: 2016042811010517 DOB: MRN#: 2016042811010517

DOS: 06/09/2016 15:30:00

Gender:

Provider: William Julien, MD Referring Physician: Lauren Zipes, DPM

PCP: Anju Sood, MD

#### **Chief Complaint:**

Re-eval left leg wound and right heel wound status post bilateral EVR

#### History of Present Illness:

is an extremity revascularization.
underwent successful left leg EVR with atherectomy and angioplasty of left peroneal artery on
5/3/2016. left lateral lower leg ulcer has improved since revascularization.
subsequently underwent right leg EVR with successful atherectomy and angioplasty of right distal
popliteal artery, right ATA, TP trunk and proximal peroneal artery, on 5/19/2016. right heel pre-ulceration
has healed since revascularization.
denies any current pain in legs and feet bilaterally, and denies any cramping, swelling, coldness or
cyanosis bilaterally.
continues to follow regularly with wound care, and states that Dr. Zipes is happy with recent progress.
continues to offload right heel.
is taking Eliquis 2.5mg PO BID for Atrial fibrillation and Plavix 75mg daily, without any bleeding issues or
complications reported.
Unfortunately after last revascularization procedure suffered a fall resulting in a scalp laceration.
was taken to North Broward hospital and received 7 staples to scalp. has since had the staples
removed and recovered well, without any other injury or complication reported.

#### **Review of Systems:**

- CARDIOVASCULAR: Chest pain-No, Atrial fibrillation-Yes; on Eliquis, Palpitations-No, CAD-No.
- PERIPHERAL VASCULAR: PAD-Yes, Diabetes-No; pre diabetes, Claudication-No, Numbness/tingling in extremities-Yes; intermittent pins and needles, varicose veins-No, spider veins-Yes, slow healing ulcers-Yes; left lateral calf.
- MUSCULOSKELETAL: Back pain-Yes, Difficulty waiking-Yes; ambulates just in house with walker, Neck pain-Yes, Osteoarthritis-Yes.
- NEUROLOGICAL: TIA-Yes; ? TIA in 2014.

Patient: 7

Account #: 2016042811010517 Visit Date: 06/09/2016 15:30:00

- HEMATOLOGY/ONCOLOGY: Blood clots (DVT)-No, Pulmonary Embolus-No, Easy bruising-No, Cancer -No.
- SKIN: Dryness-Yes, Ulcer(s)-Yes; left lateral calf; pre ulceration on the right heel, Dermatitis-No.
- ENDOCRINE: Sensitive to cold or heat-Yes; cold, Diabetes-No; pre diabetes, Thyroid problems-Yes, Taking thyroid medication -Yes.
- PSYCHIATRIC : Anxiety-Yes.
- GENERAL: Presents in overall good condition with no complaints of unexpected weight loss or weight gain or unexplained fevers.
- HEENT: Denies any acute visual or hearing changes. Denies any difficulty swallowing or speaking.
- RESPIRATORY: Denies shortness of breath, dyspnea on exertion, orthopnea, coughing, wheezing, or congestion.
- GASTROINTESTINAL: Denies unexpected change in appetite, abdominal pain, nausea, vomiting, or changes in bowel movements.
- GENITOURINARY: Denies any pain or difficulty with urination, denies frequency or incontinence.

#### Past Medical History:

Atherosclerosis of native arteries of left leg with ulceration of calf (170.242) on 04/29/2016 Atherosclerosis of native arteries of right leg with ulceration of other part of foot (170.235) on 04/29/2016 Essential (primary) hypertension (110)

Phlebītīs and thrombophlebitis of unspecified deep vessels of unspecified lower extremity (180.209) on 04/29/2016

Unspecified atrial fibrillation (148.91)

Osteoporosis, unspecified (733.00)

Hypothyroidism, unspecified (E03.9)

Anxiety disorder, unspecified (F41.9).

#### Past Surgical History:

LLE Angiogram W/ EVR 5/3/2016 Left leg EVR- Dr. Julien RLE Angiogram W/ EVR 5/19/2016 Right leg EVR with Dr. Julien.

#### Social History:

Patient is a Non Smoker.

Patient is a moderate drinker.

#### Family History:

Heart attack: Positive - (deceased).

#### Allergies:

PENICILLIN (Rash)

#### Medication:

Plavix 75 MG Tablet (Sig :1 tablet) QHS 30 Tablet Refill 3 Plavix 75 MG Tablet (Sig :1 tablet) QHS 30 Tablet Refill 3

Patient: DOB: 2016042811010517 Account #: 2016042811010517 Visit Date: 06/09/2016 15:30:00

Mirtazapine 7.5 MG Tablet (Sig :1 tablet) QD 500 Tablet
Losartan Potassium 100 MG Tablet (Sig :1 tablet) QD 90 Tablet
Bisoprolol Fumarate 5 MG Tablet (Sig :1 tablet) BID 30 Tablet
Sotalol HCl 80 MG Tablet (Sig :1 tablet) QD 100 Tablet
Levothyroxine Sodium 25 MCG Tablet (Sig :1 tablet) QD 100 Tablet
Clorazepate Dipotassium 7.5 MG Tablet (Sig :1 tablet) PRN 100 Tablet
Furosemide 20 MG Tablet (Sig :1 tablet) QD 100 Tablet
Evista 60 MG Tablet (Sig :1 tablet) QD 100 Tablet
Eliquis 2.5 MG Tablet (Sig :1 tablet) BID 60 Tablet

#### Prescription:

Prescription

#### Physical Examination:

- Vital Signs: H = 5' 6", Wt = 145 (lbs), T = 97.5(\*F), P = 99, Sitting (Left-Arm) = 136 / 88, BMI = 23.40.
- GENERAL: Ill-appearing-No, No acute distress-Yes, ambulates without assistance-No; ambulates with walker; accompanied by son.
- HEENT: EOMI-Yes, Neck supple, full ROM-Yes.

Medications reviewed, reconciled and updated.

- RESPIRATORY: Wheezing -No, CTAB-Yes, Normal respiratory effort-Yes, Crackles-No.
- · CARDIOVASCULAR: Irregular rhythm-Yes; atrial fibrillation.
- PERIPHERAL VASCULAR: Bulging varicose veins-No, Right DP biphasic-Yes, Right PT biphasic-Yes, Left DP biphasic-Yes, Left PT biphasic-Yes, Slow healing ulcer-Yes; left lower lateral calf, Radial pulses are palpable bilaterally-Yes, Dorsalis pedis palpable bilaterally-No, Posterior tibial pulses palpable bilaterally-No; no BLE edema, bilateral feet are warm to the touch.
- · GASTROINTESTINAL: Soft, non-tender, NLBS-Yes.
- MUSCULOSKELETAL: Abnormal gait-Yes; ambulates with the assistance of a walker, Limited ROM-Yes, Bony deformity-No.
- NEUROLOGICAL: Cranial nerves II-XII grossly intact-Yes, A&O x3-Yes.
- SKIN: Ulcer(s)-Yes; left lower lateral calf wound, Pink, warm, rapid turgor-Yes, Pitting edema-No, Dry-Yes, spider veins-Yes, Stasis dermatitis-No.

PSYCHIATRIC: The patient exhibits no evidence of mental instability, mood changes or memory loss. Appropriate affect.

#### Cot Codes:

LEVEL II: 99212

#### Diagnosis:

Atherosclerosis of native arteries of left leg with ulceration of calf (170.242)

Atherosclerosis of native arteries of right leg with ulceration of other part of foot (170.235)

#### Assessment/Plan:

170.242 - Atherosclerosis of native arteries of left leg with ulceration of calf / 170.235 - Atherosclerosis of native arteries of right leg with ulceration of other part of foot:

Account #: 2016042811010517 . Visit Date: 06/09/2016 15:30:00 954-725-4318

T-249 P0005/0007 F-256

returns to the office status post successful EVR of bilateral legs. left lateral lower leg ulceration has improved and is smaller in size following recent atherectomy and angioplasty of the peroneal artery. Additionally, the pre-ulceration of her right heel has healed completely following right leg atherectomy and angioplasty of the distal popliteal, proximal ATA, TP trunk, and proximal peroneal artery.

was advised to continue taking Eliquis as prescribed, in addition to daily Plavix. should continue local wound care and offloading per Dr. Zipes.

Dr. Julien evaluated the patient today. We will continue to closely monitor as a still has a left lateral lower leg wound. Was advised to return to the office for a bilateral lower extremity arterial duplex study and clinical evaluation in 4 weeks. Son informs us that will be traveling to continue other residence for the 4th of July holiday and will likely not return to this area until the end of August or early September. Was encouraged to continue with routine wound care while is away. Son declines our offer to schedule a future appointment, and states that he will call the office when he has a better idea as to when will be back in town.

#### Education:

Plavix RX.

#### Follow Up:

Recommended: in 2 months.

#### Plan:

Continue Eliquis as prescribed

Continue daily Plavix

Bilateral lower extremity arterial duplex and clinical follow up when patient returns from trip

Electronically signed by Julien, William MD on 06/14/2016 07:36:25. Sonographer: Manwant Khatkar, PA

20110Rtahtigi: Manmatir Kuark

Will Halin HD

Address: 5300 West Hillsboro Blvd , Suite 107 , Coconut Creek , FL , 330734395

Phone: 954-725-4141 Fax: 9547254318

CC Richard Goldman, MD

# DOH Consumer Services

STATE OF FLORIDA Rick Scott, Governor

JUL 2 0 2016



# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

Name of office	ology Group	<del></del>	7251 University BLVD STE 300 Street Address
	20700	0	
Winter Park	32792	Orange	(407) 677-0099
City	Zip Code	County	Telephone
Gregory N Boger,			ME 83581
Name of Physician or Lic	ensee Reporting		License Number & office registration number, if applicable
Patient's address for Phy	rsician or Licensee	Reporting	
II. PATIENT	INFORMATIO	NC	•
		. , .,	. MALE D
Patient Name			Age Gender Medicaid Medicare
Patient's Address			06/30/2016 Date of Office Visit
Pallent's Address			Tracheostomy Tube Change
Patient Identification Nur			Purpose of Office Visit 647.33 J 98.8
Obstructive Sleep Apne Diagnosis	ea; Respiratory Fai	ilure	ICD-9 Code for description of incident
5,0g(105.6		_	N/A Level of Surgery (II) or (III)
III. INCIDENT	INFORMAT		Level of Surgery (ii) of (iii)
III. INCIDENT	INFORMATI	IOIV	
June 30, 2016	approx 10.0	)0am	Location of Incident:
Incident Date and Time			☐ Operating Room ☐ Recovery Room  ☐ Other_Office
			•
	t involved a de osy performed		l examiner notified? X Yes □ No
vvas an autoj	osy periorifica	: д 163 ш 110	•
A) Describe circ	umstances o	of the incident (na or complete response)	rrative)
Patient pre	sented for t	racheostomy tub	e change. During the change, patient's airway
was compro	mised, and	despite our best e	fforts, the airway could not be secured and the patier
expired.			<u> </u>
Please see	attached sh	eet which represe	nts the office narrative/note from that day.
	•		
			<u> </u>

racheostomy tube change Airway com	promise/respiratory failure	Death		
ocedure being performed at time of specific age	vent, circumstances, or nt that caused the injury D-9 E-Codes)	Resulting injury (ICD-9 Codes 800-999.9)		
List any equipment used if directly invo (Use additional sheets as necessary for complete response		·		
Hemostat, scalpel, Auto Defibrillator, Ambu bag				
Outcome of Incident (Please check)		·		
Death	□ Surgical procedu	re performed on the wrong site **		
Brain Damage	□ Wrong surgical p	procedure performed **		
Spinal Damage	surgical procedu	f injuries or damage from a planned re.		
Surgical procedure performed on the wrong patie	ent	;		
A procedure to remove unplanned foreign object remaining from surgical procedure.	foreign objects			
Any condition that required the transfer of the patient to a hospital.	☐ Permanent of incision scar			
utcome of transfer e.g., death, brain damage, eservation only:	☐ Limitation of function.	neurological, physical, or sensory		
ame of facility to which patient was transferred:	□ Any condition patient to a l	n that required the transfer of the hospital.		
List all persons, including license numbers ey were involved in this incident, this would are providers. All people listed can be contacted regregory N Boger ME 83581 Dr John F F	include anesthesiologis d at the office. luhn ผยษาระน Dr	rmation and the capacity in whi t, support staff and other health Indranil Debnath M€ (2)(92		
List witnesses, including license numbers i				
Stacie Deeds, LPN				
ANALYSIS AND CORRECTIVE AC Analysis (apparent cause) of this incident (use Patient underlying medical condition and body I	additional sheets as necessary fo	r complete response)		





# STATE OF FLORIDA DOH Consumer Services Rick Scott, Governor

SEP 2 8 2010

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Department of Health, Consumer Services Unit

4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION  Life line vascular center  Name of office	1511 Sligh Balavard Svitet
Orlando 32806 orange County	- 407-472 - 512-0 Telephone
Robert Sullivan M.D.  Name of Physician or Licensee Reporting	ME 103826 OSR 800 License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION .	Age AG LOS III Genuer Medicald Medicare
Patients Address 343007791	Date of Office Visit  Hrom bechang
Patient Identification Number  Diagnosis	Purpose of Office Visit TS 2 8687
III. INCIDENT INFORMATION	Level of Surgery (II) or (III)
09/08/10 11:35	Location of Incident:  Operating Room Other
Note: If the incident involved a death, was the medical examwas an autopsy performed? □ Yes □ No	niner notified?l☑ Yes □ No
A) Describe circumstances of the incident (narrational sheets as necessary for complete response)	ve)
· .	
DH-MQA1030-12/06	
Page 1 of 2	

B) ICD-9-CM Codes	10 0 0
782.868A K56.	R09.89
procedure being performed at time of specific agent that	circumstances, or Resulting injury (ICD-9 Codes 800-999.9)
incident (ICD-9 Codes 01-99.9) or event. (ICD-9	E-Codes)
<ul> <li>C) List any equipment used if directly involved (Use additional sheets as necessary for complete response)</li> </ul>	d in the incident
none	
D) Outcome of Incident (Please check)	
□ Death	□ Surgical procedure performed on the wrong site **
□ Brain Damage	□ Wrong surgical procedure performed **
□ Spinal Damage	□ Surgical repair of injuries or damage from a planned surgical procedure.
□ Surgical procedure performed on the wrong patient.	** if it resulted in:
<ul> <li>A procedure to remove unplanned foreign objects remaining from surgical procedure.</li> </ul>	□ Death □ Brain Damage
Any condition that required the transfer of the	□ Spinal Damage
patient to a hospital.	<ul> <li>Permanent disfigurement not to include the incision scar</li> </ul>
Outcome of transfer e.g., death, brain damage,	<ul> <li>□ Fracture or dislocation of bones or joints</li> <li>□ Limitation of neurological, physical, or sensory</li> </ul>
observation only <u>APA+\(\)</u> Name of facility to which patient was transferred;	function.  Any condition that required the transfer of the
ortando regional Medical Certos	patient to a hospital.
they were involved in this incident, this would inclucate providers.  100101 COLONGELO, RN, 9408691  ROBERT SULLIVAN, MID, ME 10382  DONNA DELIVISE, RN, 930000 -	)-administered epinephrine, suction RT, 477572 - chest compressions
IV. ANALYSIS AND CORRECTIVE ACTION  A) Analysis (apparent cause) of this incident (Use addit)  SEITURE TESUITING IN COUNTY	onal sheets as necessary for complete response)
B) Describe corrective or proactive action(s) taken (use 911 WAS CALED, OXIGEN WAS Ad	ministered, patient uas  works in Start of the start of t
V. M.	VE INZOV
SIGNATURE OF PHYSICIAN LICENSEE SI	UBMITTING REPORT LICENSE NUMBER
DATE REPORT COMPLETED TIME	PEPORT COMPLETED .
DH-MQA1030-12/06	•

#### A) Describe circumstances of the incident (narrative)

Patient arrived at clinic at 09:50 AM with stable vitals with a BP of 122/68, pulse of 78, respiratory rate of 18, oxygen saturation of 96%, and temperature 96.9. Patient had been previously seen by us and arrived for a routine thrombectomy. Patient was alert and oriented times three. A history and physical was completed by MD along with consent for procedure. After initiation of the procedure at 11:19 AM, an apparent seizure started as evidenced by grunting and contracting of upper extremities. The procedure was immediately halted and 911 was called by clinical coordinator. During this time, the patient's oxygen saturation started to drop into the 80's and the patient's heart rate dropped into the 30's. A code was initiated at 11:25 AM. Oxygen was administered via nasal cannula on 8L and an Ambu bag was used for ventilation oxygen saturation rose into the 90's but no carotid pulse was palpated. Oxygen was still in the 90's at this time, chest compressions were immediately started. 1 mg of epinephrine was given intragraft via the retrograde access and chest compressions continued. EMS arrived at 11:30 AM. At this time, EMS arrived and began their code protocols. Report was given to EMS by MD. Patient was transferred to the emergency room at ORMC where we were told the code continued for thirty minutes before the patient was declared deceased. We contacted the family and the nursing home where the patient resided to let them know of the event that occurred.



STATE OF FLORIDA Rick Scott, Governor

SEP 1 4 2043

DOH Consumer Services

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Baid Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

	•
I. OFFICE INFORMATION	8506 SW ST ST
Name of office	Street Address
Milani 33144 Dade	305-262-6070
City Zip Code County	Telephone
CAMILLE D CHANOL	:ME 0068329
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
•	:
II PATIENT INFORMATION	·
Patient Name	Age 4/8/16 Gender Medicald Medicare
Patient's Address 810 4 9 4	Date of Office Visit
Patient Identification Number 1 PODY STUDY HY + CACAM	Purpose of Office Visit 27.7.6
Diagnosis	ICD-9 Code for description of incident
1	Level of Surgery (!!) or (!!!)
III. INCIDENT INFORMATION	
GOLL WAS A	
Incident Date and Time	Location of Incident:  D Recovery Room
illowers base and thine	Other
Note: If the incident involved a death, was the medical examin	er notified? Ø Yes □ No
Was an autopsy performed? <b>∕</b> d Yes □ No	ı
A) Describe circumstances of the incident (narrative	)
(use additional sheets as necessary for complete response)	•
PATIONT FOR ANDOMINOPLINSTY	4 an an finns
SUCIA SMOKEN NO MODICA	PROBLEMS, ALLMORE
TO AMCOCT BMI 26!	
17AD COMPRESSION GASTS, STOCK	inis Lorin Aprendition
Mon roum.	·
DAF HUR ASSIM SURVERY 195	mt 105T 5002 ond 17DM
CO, GIEAME ASYSNUC AZ	
ADMINAR SINUS RETARITY	
200	:91L CARID
DILMONIOSO 12/06 PATONE TRIANCIEMO	no in Komme Atomore
DH-MQA1030-12/06 PATHY THE SULLONG CO	ON PLOTE GRAVE INCIDENT
. UN OVON TRAL,	

	B) ICD-9-CM Godes			
1.,	15847 UNK	40v~		
		circumstances, or Resulting injury at caused the injury (ICD-9 Codes 800-999.9) E-Codes)		
	C) List any equipment used if directly involved (Use additional sheets as necessary for complete response)	in the incident		
	D) Outcome of Incident (Please check)			
	Death	Surgical procedure performed on the wrong site **		
	□ Brain Damage	□ Wrong surgical procedure performed **		
	□ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.		
	□ Surgical procedure performed on the wrong patient.	if** if-it-resulted-in:		
- · ·	A procedure to remove unplanned foreign objects remaining from surgical procedure	Death Brain Damage Spinal Damage		
	<ul> <li>Any condition that required the transfer of the patient to a hospital.</li> </ul>	Permanent disfigurement not to include the incision scar  Fracture or dislocation of bones or joints		
	Outcome of transfer – e.g., death, brain damage, observation only) 교육니	Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the		
	KNOPI AtOJONAL MODICA	patient to a hospital.		
	they were involved in this incident, this would inclu	ensed, locating information and the capacity in which de anesthesiologist, support staff and other health		
MA	RICHARD ECKONT ARNP	1361535 305-972-1478 120 305 742 5859		
161	CAL TOUT YANT CANBALEE	TRO . 305 742 5859		
	CAMUE CHARL MD	: 301 :591 -6860		
	Down For Avica Modice	on ASSISSAN CINCULOSON		
	F) List witnesses, including license numbers if lice	ensed, and locating information if not listed above		
	IV. ANALYSIS AND CORRECTIVE ACTION  A) Analysis (apparent cause) of this incident (Use addition of the correction of the	onal sheets as necessary for complete response)		
•	B) Describe corrective or proactive action(s) taken (us	se additional sheets as necessary for complete response)		
	v. Como al	MED068329		
	SIGNATURE OF PHYSICIAN/LICENSEES	UBMITTING REPORT LICENSE NUMBER		
	DATE REPORT COMPLETED TIME	REPORT COMPLETED		

Rick Scott, Governor

STATE OF FLORIDA DOH Consumer Services

SEP 0 7 2018



coastal Vascular - Interventionay

OFFICE INFORMATION

Name of office

Page 1 of 3

### **PHYSICIAN OFFICE** ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

Pensacola 32503 Escembia Zip Code County	850-918 -8943 Telephone
Aaron Montaomery, NP Name of Physician or Licensee-Reporting	MES1936  License Number & office registration number, if applicable
Relly Doherry RN Patient's address for Physician or Ucensee Reporting	
II. PATIENT INFORMATION	
	Age Glod Gender Medicaid Medicare
Patient's Address	Date of Office Visit  AMAIO Digato, Attend  Purpose of Office Visit
Patient Identification Number Period Discording Diagnosis	任任の・分)、任任の・任 ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
08 09 5016 at 1300 pm.	Location of Incident:  Coperating Room CotherRecovery Room
Note: If the incident involved a death, was the medical exa Was an autopsy performed? ☐ Yes ☐ No	aminer notified? □ Yes □ No
A) Describe circumstances of the incident (narra (use additional sheets as necessary for complete response)	
Procedure completed at 124	5, while dressing was being applied,
pt do panétenderness left book	- grain-1300 @Paropped to 7/47,
MD notified, Started NS 0,94 intus	ing unde open. 1304 2ND Notaked 2
NS Dai running wide open. MD at beg	bide aggesting pt. 1310 pts Good pressic
un to a lon at transported to recover	alkoom, report being allen of 1310

upon arrival to the BP, the patent was taken to the Cardonascular Labby a Cardiologist to perform an intervention to repair an endoverscular leak, the patient was admitted to the Icul During the night at approximately 0200 the patient's condition began to deterorate and the patient was taken to the OR by a vascular surgion for sugical repair of an endovascular leak The patient was returned to the Icl. The next evening the patient's condition was deelining, it was found that patent had a cerebral hemorrhage, At that time the patients family elected to withdraw life support and the patient expired.

,
Surgical procedure performed on the wrong site **
□ Wrong surgical procedure performed **
<ul> <li>Surgical repair of injuries or damage from a planned</li> </ul>
surgical procedure.
** if it resulted in:
□ Brain Damage
<ul><li>Spinal Damage</li><li>Permanent disfigurement not to include the</li></ul>
incision scar
☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory
<ul> <li>Fracture or dislocation of bones or joints</li> <li>Limitation of neurological, physical, or sensory function.</li> <li>Any condition that required the transfer of the</li> </ul>
Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function. Any condition that required the transfer of the patient to a hospital.  licensed, locating information and the capacity in whiclude anesthesiologist, support staff and other health
Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.  Any condition that required the transfer of the patient to a hospital.  Iicensed, locating information and the capacity in which clude anesthesiologist, support staff and other health  Tom Crube, RT  Trusha Patel, MD - Anesthesi  Toy Sullivan, Ma  Carrie Burden, Coordinat
Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.  licensed, locating information and the capacity in which clude anesthesiologist, support staff and other health  Tom Crube, RT  Trusha Patel, MD - Anesthesi  Toy Sullivan, MA
Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.  Any condition that required the transfer of the patient to a hospital.  Iicensed, locating information and the capacity in which clude anesthesiologist, support staff and other health  Tom Crube, RT  Trusha Patel, MD - Anesthesi  Toy Sullivan, Ma  Carrie Burden, Coordinat
Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.  Ilicensed, locating information and the capacity in which clude anesthesiologist, support staff and other health  Tom Crube, RT  Trusha, Pafel, MD - Angsthesi  Joy Sullivan, Ma  Carrie Burden, Coordinate  Icensed, and locating information if not listed above  ON  ditional sheets as necessary for complete response)
Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.  Ilicensed, locating information and the capacity in which clude anesthesiologist, support staff and other health  Tom Crube, RT  Trucha Patel, MD - Anesthesi  Toy Sullivan ma  Carrie Burden, Coordinated above  Censed, and locating information if not listed above
Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.  Ilicensed, locating information and the capacity in which clude anesthesiologist, support staff and other health  Tom Crube, RT  Trusha, Patel, MD - Any sthesi  Joy Sullivan, Ma  Carrie Burden, Coordinat  Icensed, and locating information if not listed above  ON  ditional sheets as necessary for complete response)

B) ICD-9-CM Codes

## 201625417-187



**OFFICE INFORMATION** 

STATE OF FLORIDA DOH Consumer Services Rick Scott, Governor OCT 1 0 2016

#### **PHYSICIAN OFFICE** ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Taliahassee, Florida 32399-3275

The Cardiac and Vascular Institute	1151 NW 64 Terrace
Name of office	Street Address
Gainesville 32605 Alachua	352-375-1212 or 352-416-2646
. City Zip Code County	Telephone
Gregory Imperi, MD 40340	ME40340 OSR #805
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
same as above	'
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
Patient Name	Age Gender Medicaid Medicare
Patient's Address	9/26/16
61196	Date of Office. Visit  Left Heart Catheterization
Patient Identification Number	Purpose of Office Visit
<u>Unstable Angina</u> Diagnosis	427.89,458.9,785.9,427.5 ICD-9 Code for description of incident
	, , , , , , , , , , , , , , , , , , , ,
•	Level of Surgery (!!) or (!!!)
III. INCIDENT INFORMATION	
9/26/16 @ 0800 Incident Date and Time	Location of Incident:  ☐ Operating Room ☐ Recovery Room ☐ Other
Note: If the incident involved a death, was the m Was an autopsy performed? □ Yes □ No	nedical examiner notified? □ Yes □ No
Describe circumstances of the incider     (use additional sheets as necessary for complete responses)	
Patient underwent successful LHC, at which time was noted to have a	95% narrowing of the LAD, 70% narrowing of the left main, and a 99% narrowing of the RC
•	Nurse Philips made Dr. Imperi aware, who immediately presented to the patient's bedside.
The patient's hear rate dropped into the 50's and Dr. Imperi administered at	tropine and epinephrine. The patient became unresponsive and a "code" was called.
CPR/ACLs was initiated and other providers from the building repsonded to	assist. Additional medications were administered and the external pacing device.
	a strong BP and pules. Upon transfer of the patient from the bed to the EMS stretcher,
the patient again became unresponsive. EMS initiated CPR and proceded	
the patient again became divesponsive. Livid intrated OFIX and proceded	to transport patient to North Florida Regional Medical Center.
DTI NG A 1020 10/00	•
DH-MQA1030-12/06 Page 1 of 3	
1450 1 01 0	

414.01, 411.1	Not applicable  Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)		427.89,458.9,785.9,427.5
urgical, diagnostic, or treatment occedure being performed at time of cident (ICD-9 Codes 01-99.9)			Resulting injury
) List any equipment used if (Use additional sheets as necessary for	directly involved complete response)	I in the incident	
Crash Cart	• •	•	•
) Outcome of Incident (Pleas	se check)		
Death		☐ Surgical proced	ure performed on the wrong site **
Brain Damage		☐ Wrong surgical	procedure performed **
Spinal Damage		☐ Surgical repair of surgical procedu	of injuries or damage from a planned ure.
Surgical procedure performed on	the wrong patient.	** if it resulted in	•
A procedure to remove unplanned remaining from surgical procedure		□ Death □ `Brain Dama	gge '
Any condition that required the tra	ansfer of the	<ul><li>Spinal Damage</li><li>Permanent disfigurement not to include to incision scar</li></ul>	
utcome of transfer – e.g., death, brain bservation only patient expired @1449 on ame of facility to which patient was North Florida Regional Medical Center (NFR	n 9/26/16 at NERMC s transferred:	□ Limitation of function.	dislocation of bones or joints of neurological, physical, or sensory on that required the transfer of the hospital.
ney were involved in this inciden are providers.	t, this would inclus O'Meara, MD, ME	ide anesthesiologis 70431, Brian Werbei	ormation and the capacity in white st, support staff and other health , MD, ME 93739, Alex Price, ARNP, Carlee Welch, RCIS00079231
List witnesses, including licen		•	
Catherine Miller, PN5166454, Kendra	a Claude MA, Jessic		
V. ANALYSIS AND CORR ) Analysis (apparent cause) of thi			or complete response)

DH-MQA1030-12/06 Page 2 of 3



DH-MQA1030-12/06

Page 1 of 2

STATE OF FLORIDA Rick Scott, Governor

#### **DOH Consumer Services**

## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

NOV 0 7 2016

4

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION	÷.
Diana Lambie DO PA OS 12289 Name of office	7H25 CONTON ROOCL Street Address
City Zip Code County J.	<u>H07-299-7575</u> Telephone
Pians Lambie D.O.	6S 12290
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
Patient Name	Age (()~1/7~) Gender Medicaid Medicare
Patient's Address	Date of Office Visit REMONSHULLING SUMPLY
Patient Identification Number	Purpose of Office Visit
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	·
10-25-10	Location of Incident:
Incident Date and Time	☐ Operating Room ☐ Recovery Room ☐ Other
Note: If the incident involved a death, was the medical examir Was an autopsy performed Д Yes □ No	1 /
was an autopsy pendimed (Ar Yes a No	
<ul> <li>A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)</li> </ul>	<del>)</del>
Patient had surgery in Mamia year ago with poor	regults. We performed revision
Surgery with Success results. Patient left w	
Later that evening, husband called 911 as s	she was not breathing.
She was taken to the hospital by EMS. Ou	nd CPR was initiatedo
They revived her but an hour later she	e passed away. It was
	ook medications for her
panic attacks offer surgery, which is I	likely a henzodiazadine,
This mixed with the surgical pain pre	scriptions, likely roused
her mit to breather	- Harris y March March

procedure being performed at time of specific incident (ICD-9 Codes 01-99.9) or eve	Werdose death  ient, event, circumstances, or fic agent that caused the injury ent. (ICD-9 E-Codes)  Aleath Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directly (Use additional sheets as necessary for complete r	y involved in the incident response)
D) Outcome of Incident (Please check)  Death	☐ Surgical procedure performed on the wrong site **
🗅 Brain Damage	☐ Wrong surgical procedure performed **
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Spinal Damage	<ul> <li>Surgical repair of injuries or damage from a planned surgical procedure.</li> </ul>
<ul> <li>Surgical procedure performed on the wrong</li> <li>A procedure to remove unplanned foreign or remaining from surgical procedure.</li> </ul>	** if it resulted in: objects
<ul> <li>Any condition that required the transfer of the patient to a hospital.</li> <li>Outcome of transfer – e.g., death, brain damage</li> </ul>	incision scar  Fracture or dislocation of bones or joints
observation only Name of facility to which patient was transfer	function.
E) List all persons, including license num they were involved in this incident, this we care providers.  Lefitsimmons—aneshesiologist	nbers if licensed, locating information and the capacity in whould include anesthesiologist, support staff and other health
1. Cho! D.O - surgeon D. Lamble D.O - surgeon J. Medina R.N	OS 8298 (401) 299-7575 OS 12289 407 209-7575 RN 9202752 :(( ))
1. Cho! D.O - surgeon D. Lamble D.P surgeon J. Medina R.N.	OS 12289 HOT 201 7575 RN 9202752 (( ))  Deers if licensed, and locating information if not listed above
F) List witnesses, including license number Dry Philips Hospital FR  IV. ANALYSIS AND CORRECTIVE A) Analysis (apparent cause) of this inciden	OS 12289 HOT 201 7575  RN 9202752 (( ))  Deers if licensed, and locating information if not listed above  STAFF  E ACTION  Int (Use additional sheets as necessary for complete response)  DIXIOG SUGICAL Pain PREVIDEN
Is (NO) D.O. SURGON D. LAMDR D.P. SURGON I. Medina R.N  F) List witnesses, including license numb  DY Philips Historia FR  - FMS  IV. ANALYSIS AND CORRECTIVE A) Analysis (apparent cause) of this inciden  Overdose, semanay to m  With medicine for po  With medicine for po  B) Describe corrective or proactive action(s  TRSDITE COST & WEST CHAM  AUCS NOT disclose health	OS 12289 HOT 201755  PN 9202752 (( ))  Deers if licensed, and locating information if not listed above  STATE  E ACTION  Int (Use additional sheets as necessary for complete response)  DIXIOG SUGICAL POLIN PREVIDEN  MIC OHOUS  S) taken (Use additional sheets as necessary for complete response)

DH-MQA1030-12/06 Page 2 of 2



Page 1 of 2



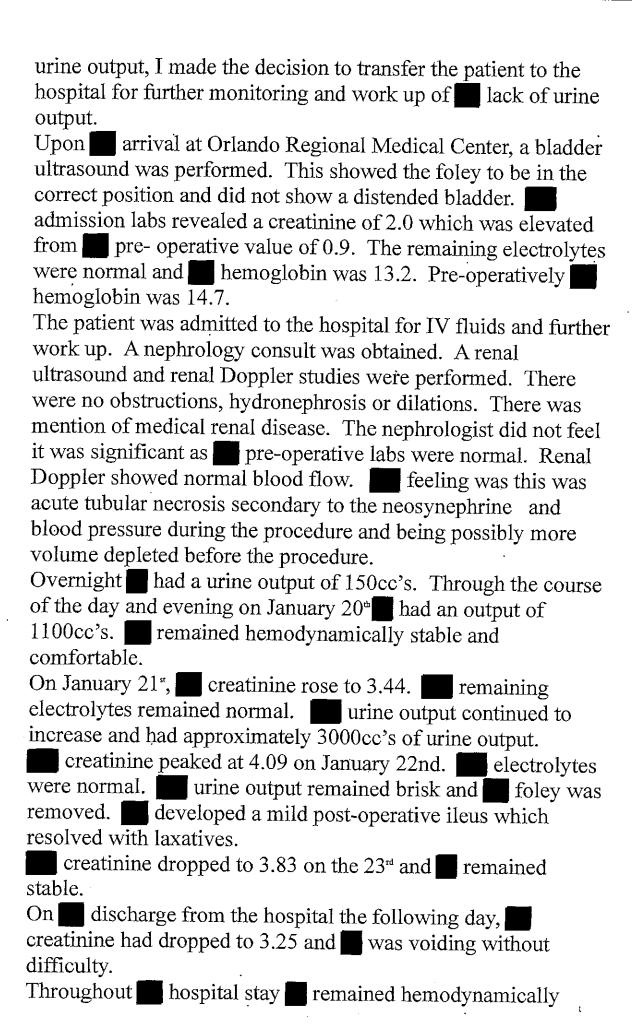
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#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
DOH Condend of Medith, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Feb 1 2 Tallahassee, Florida 32399-3275

Name of office  OV and O  SZ804  City  Zip Code  County  Name of Physician or Litensee Reporting  340 WMMN/ Wad, Winker Park, Cl.32789  Patient's address for Physician or Licensee Reporting	Street Address 407-770-200Z Telephone OSR 570 License Number & office registration number, if applicable
Patient's Address Patient (dentification Number Diagnosis	Age 1-19-2016 Medicaid Medicare  Date of Office Visit Purpose of Office Visit  ICD-9 Gree for description of incident  Level of Surgery (II) or (III)
III. INCIDENT INFORMATION  1-19-2016 Incident Date and Time  Note: If the incident involved a death, was the medical examing Was an autopsy performed?   Yes No  A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	
Ylease See attached norvative.	
DH-MQA1030-12/06	

CVM FeVEN A BODY OF WILLIAM Accident, event, of specific agent that	
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cident (ICD-9 Codes 01-99.9) or event. (ICD-9 I	E-Godes)
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Outcome of Incident (Please check)	f Id on the wrong site **
Death	□ Surgical procedure performed on the wrong site **
Brain Damage	□ Wrong surgical procedure performed **
1 Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
<ol> <li>Surgical procedure performed on the wrong patient.</li> </ol>	** if it resulted in:
A procedure to remove unplanned foreign objects	Death     Brain Damage
remaining from surgical procedure.	□ Spinal Damage
Any condition that required the transfer of the patient to a hospital.	incision scar
Outcome of transfer — e.g. death, brain damage,	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory
5 tion only (187) 68/18/19/19/06 //4/1/	function.  Any condition that required the transfer of the
Name of facility to which patient was transferred:  OR MOD NEGIONAL MEDICAL	patient to a hospital.
CAMIL	
E) List all persons, including license numbers if I	icensed, locating information and the capacity in whole lude anesthesiologist, support staff and other health
care providers. A	ME64574
KACAMA MARADIN MITI - XINIMIZIKI	2N PN PN 9361000
Tava Maligno Rn - Rocovery Ro Etter Rich ARNP - Clinical nur	
Eric Kunichika, mo - Anesthesio	Mast me 53671
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DAVEREPORT COMPLETED  TO DH-MQA1030-1206 Page 2 of 2  Complete the patient of the patient of the procedure. It also reduces the procedure of the procedure of the procedure. It also reduces the procedure of the procedure of the procedure of the procedure. It also reduces of the procedure of the procedure of the procedure of the procedure of the procedure. If the procedure of the	ESUBMITTING REPORT LICENSE NUMBER  ME REPORT COMPLETED  Control of the control of
DAVEREPORT COMPLETED  DAVERSON TO PROJECT TO THE PR	ESUBMITTING REPORT LICENSE NUMBER  ME REPORT COMPLETED  Ents' systolic blood pressure 's and was not tachycardic ceived 1 dose of ephedrine and he anesthesiologist during the as again flushed and checked an additional 2 liters of fluid then the patient was awake in comfort from the foley tubing. Stable and was awake, alert and



stable and comfortable. After discharge from the hospital followed up with me and the nephrologist. creatinine continued to normalize and continued to heal without complications from a surgical standpoint.

B) ICD-9-CM Codes RD 10 CC	des of		
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)  Accident, event, of specific agent that or event. (ICD-9 Edition of event)	t caused the injury (ICD-9 Codes 800-999.9)		
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)			
D) Outcome of Incident (Please check)			
<ul> <li>□ Death</li> <li>□ Brain Damage</li> <li>□ Spinal Damage</li> <li>□ Surgical procedure performed on the wrong patient.</li> <li>□ A procedure to remove unplanned foreign objects remaining from surgical procedure.</li> <li>☑ Any condition that required the transfer of the patient to a hospital.</li> <li>Outcome of transfer — e.g., death, brain damage,</li> </ul>	□ Surgical procedure performed on the wrong site ** □ Wrong surgical procedure performed ** □ Surgical repair of injuries or damage from a planned surgical procedure.  ** if it resulted in: □ Death □ Brain Damage □ Spinal Damage □ Permanent disfigurement not to include the incision scar □ Fracture or dislocation of bones or joints □ Limitation of neurological, physical, or sensory		
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they were involved in this incident, this would inclucare providers.	87936 7208076 GLEMK CRTLIT88D.		
IV. ANALYSIS AND CORRECTIVE ACTION  A) Analysis (apparent cause) of this incident (Use additional formula of the control of th	onal sheets as necessary for complete response)		
Mus mana CLOSOLLA MONTANA V	ar of additional woulds Ethings		

#### IV. Analysis And Corrective Action

- A. Since the incident, there have multiple discussions between staff, myself and the anesthesiologists. This patient did have a history of hypertension for which one of the medications was a diuretic. It is felt that this may have contributed to being slightly more volume depleted than anticipated prior to surgery. During the procedure, was given neosynephrine and ephedrine for low blood pressure which did not respond to fluid challenges alone. There was minimal blood loss with the surgery. Cases of acute tubular necrosis can occur with low blood pressure and neosynephrine due to its vasoconstrictive effects. Additionally, the renal ultrasound showed some medical disease. This may have had some contribution as well. It is felt that these circumstances were the apparent cause to the patient experiencing acute tubular necrosis.
- B. Since this occurrence, we are further emphasizing the importance of pre-operative hydration to all patients. We will continue on insisting on thorough pre-operative clearance for all patients. Additionally, more communication between the anesthesiologist and surgeons will occur when using vasopressors during surgery.



#### STATE OF FLORIDA Rick Scott, Governor

#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#### SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION	0
1. OFFICE INFORMATION  DANIEL MAN  Name of office	Street Address 200, 851 MEANS NO RD
	5-61 3 15 5 50D
City Zip Code County	Telephone
DR. DANIEL MAN	
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
II. TAILENT INTORMATION	
Poticol Name	Age 1 2 / Gender / / Medicaid Medicare
Patient's Address	16/14/16.,//21/10
	Dale of Office Visit / /
Patient Identification Number  HOSTENSAN	Purpose of Office Visit
Diagnoris '	ICD-9 Code for description of incident
·	Level of Surgery (II) or (III)
III. / INCIPENT INFORMATION	
1/2.1/16	Location of legidents
Incident Date and Time	Location of Incident:  24-Operating Room □ Recovery Room
	☐ Olher
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No	r notified? 🗉 Yes 🗀 No
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
All Bell each helpon BY	Da. MAN (OP REPORT)
E E	Dr. MAN (OD REDORT) Dr. GORMAN ANIES THISSIA)
	10 000 NN (FN1-2 7 /1/5 5) A)
-	

#### B) ICD-9-CM Codes

Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)

Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-9 E-Codes)

Resulting injury (ICD-9 Codes 800-999.9)

C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)

D) Outcome of Incident (Please che	eck)
□ Death	☐ Surgical procedure performed on the wrong site **
□ Brain Damage	□ Wrong surgical procedure performed **
☐ Spinal Damage☐ Surgical procedure performed on the v	
A procedure to remove unplanned fore remaining from surgical procedure.	** if it resulted in: eign objects
Any condition that required the transfe patient to a hospital.	r of the Permanent disfigurement not to include the incision scar  Fracture or dislocation of bones or joints
Outcome of transfer – e.g., death, brain da observation only  Name of facility to which patient was tran	mage,
they were involved in this incident, this care providers.	numbers if licensed, locating information and the capacity in which is would include anesthesiologist, support staff and other health $\frac{AW - SURGFON}{-MAN - AWESTIFFG/A}$
F) List witnesses, including license no	umbers if licensed, and locating information if not listed above
	TIVE ACTION ident (Use additional sheets as necessary for complete response)  F Dr. ROSIGIL GOAMAN ILIADIA T.
B) Describe corrective or proactive action	on(s) taken (Use additional sheets as necessary for complete response)
v. JM. ), MAV.	icensee submitting report License number

TIME REPORT COMPLETED

DH-MQA1030-12/06

2/10/16

DATE REPORT COMPLETED

#### HISTORY AND PHYSICAL

M	٨	λ./	т.
1 1	_	IVI	

DATE:

12/18/15

P.I.

This is a first visit for this

here with

requesting remedy for the upper and lower cyclids, liposuction and possibly

areas around the eyes.

РМН:

Rotator cuff. Denies diabetes mellitus, kidney or lung disease. No rheumatic

fever, no asthma. The patient has no visual disturbances and can see objects

without glasses.

Medications:

Testosterone weekly.

Allergies:

No known drug allergies.

Height:

Weight:

ROS:

Head:

Non-contributory. Normocephalic

Eyes:

Nose: Lungs: Midline

Clear to P&A

PHYSICAL

**EXAMINATION:** 

Physical exam reveals excess wrinkling to the eyebrows. Left eyebrow lower than the right. Left face narrower than the right. Excess skin both upper eyelids. Laxity of the lower eyelids. More fullness to the right lower eyelid than the left. Earlobes are nonsymmetrical. The right jowl is slightly heavier than the left. Laxity of the neck. Sun damage noted.

IMPRESSION:

Changes in the face and neck.

PLAN:

I suggested DMMD for the surface of the skin, and proceed with forehead endoscopy, upper and lower eyelid blepharoplasty, tarsal fixation, naturallooking facelift, using own fat and PRP. The procedure will take approximately seven hours with a four day stay with us for healing.

is fully aware of the procedure, possible problems, side effects and alternatives. The patient knows the pros and cons. We discussed the use of medication to cut down the pain, such as Exparel and the hemostatic net. All questions have been answered. This note was dictated in the presence of the patient while Pepper was with me in the room.

DANIEL MAN, M.D.

DM/jbn

Ja. P. MAN

#### **OPERATIVE REPORT**

NAME:

DATE OF OPERATION:

1/21/16

PRE AND POST-OPERATIVE

DIAGNOSIS:

Aging of forehead, eyelids, face and neck.

**PROCEDURE** 

Forehead endoscopy, upper and lower eyelid

blepharoplasty, natural-looking facelift.

ANESTHESIA:

General endotracheal.

SURGEON:

DR. MAN

ESTIMATED BLOOD LOSS:

150 cc.

INDICATION FOR SURGERY:

This is a who has a marked amount of lack of symmetry on the forehead, as well as aging of the upper and lower eyelids, face and neck.

This patient was scheduled for elective surgery after we fully discussed the advantages and disadvantages of same, including potential problems and complications associated with the procedures. No warranties or guarantees of any type whatsoever were given to the patient with regard to the final cosmetic or functional results. There were no warranties or guarantees given whatsoever that the procedures will be free of complications. Pursuant to patient's understanding and agreement, I proceeded with the surgery as outlined below.

<u>PROCEDURE</u>: The patient was brought to the holding area and careful attention was given to the operative sites. Markings were completed. The patient was brought to the operating room, placed on his back and general endotracheal anesthesia was gently induced. Local anesthesia was induced. Tumescent fluid was infiltrated. Appropriate time was allowed for anesthesia.

Attention is now given to the forehead.

All of the incisions are carried down to the subgaleal level and deep temporal fascia. Registration points are placed in the proper spaces. The incisions are interconnected with dissecting instruments. The scalp is elevated in a subgaleal plane, using the scalp elevator. The temporal dissection is completed using a 1/4 curved elevator. Dissection of the temporal space down toward the zygomatic arch is done under endoscopic control. The upper forehead is dissected in the periosteal plane. The periosteum is incised using a #15 blade. A sharp 1/4 curved elevator is used and the periosteum is elevated in a single sheet down to the mid-forehead level.

January 21, 2016 Page Two

The endoscopic dissection of the periorbital dissection is done in a subperiosteal plane across the entire periorbital rim and along the lateral rim down to the level of the zygomatic arch. Adequate dissection is done between the forehead and the temporal pocket. The elevator is used in a sidesweep fashion to push the temporarietal fascia upward. The superficial fatbed is easily visualized. The dissection continues downward until the first of the three anterior temporal veins is identified. Dividing of the fascial connection along the superficial temporal crest line separates the temporal and forehead pockets. The fascia is cut with an angled instrument.

The dissection continues subperiosteally down towards the supraorbital rim. The dissection is done progressively using a very sharp rim elevator. Centrally, the dissection passes down onto the roof of the nose with careful elevation of the adherent nasal frontal suture line. Laterally, the rim is dissected down around the level of the lateral canthus.

Division of the periosteal insertion at the orbital rim is done. Identification is done to the supraorbital nerve. The periosteum is elevated in a single sheet down to the level of the orbital rim. Sharp tapered nerve dissecting is placed lateral to the nerve and the periosteum is elevated. The nerve is easily visualized and protected. The lateral side is a safe side and extensive medial dissection risks injury to the supraorbital vein. The lateral release is done by transecting the periosteum 3 cm laterally and then spreading the edges apart for at least 1.5 cm. Spreading the periosteum in a vertical dissection is completed.

The corrugator muscle is resected first as the oozing from the transected procerus reduced the visualization. The supratrochlear nerve is well-protected. The corrugator is sectioned and divided into several portions. The lateral portion is between the supraorbital and supratrochlear nerves and the lateral portion of the corrugator muscle upwards is dissected. The muscle is generally stripped upwards which reveals the supratrochlear branches. The external inspection of the medial brow prominence is completed. Procerus muscle resection is completed. The mobilization and fixation is done with a screw, which is carefully attached to the bone in the proper places and sutured using 3-0 PDS. A drain is left in the wound and closure is done in layers. Protective dressings are applied on top. Autologous platelet gel is used during the case to cut down on the bruising and swelling.

Attention is now given to the upper and lower eyelids.

#### UPPER AND LOWER EYELID BLEPHAROPLASTY

Excision of skin to the upper eyelids was done according to the markings. Eyeball protectors were placed over the eyeballs. Lower eyelid blepharoplasty was done by removing excess skin to the lower eyelids, a small amount approximately 1.5 mm.

January 21, 2016 Page Three

Upon completion of this, attention was given to the face.

#### NATURAL-LOOKING FACELIFT

Elevation of the skin was done all around the ears. Dissection was done through the anterior and medial portion of the face all the way to the nasolabial folds and marionette lines. The neck was exposed in the lateral portion and the medial portion. Repair of the face was done with quill sutures. Repair of the neck was done using multiple sutures of 3-0 Monocryl. Repair was done with suspension sutures placed in the ears, not to allow the ears to drop down. The wound was irrigated with a copious amount of saline, Tisseel as well as PRP which was sprayed into the wound. Closure BU LECOMENNED BY WEDW 3/1/8 was done over drains.

It was noted during the closure that the patient was suffering from low blood pressure as well as bradycardia. At this point, closure was completed. Please read separate notes by Dr. Gorman who tried as efficiently as possible to maintain the patient's vital signs while 911 was called in to assist in transferring the patient to the hospital. Protective dressings are applied on top. 911 arrived within a very short time and the patient PO2 never went below 100; however, his urine output was very low. See separate notes by anesthesia. The patient was transferred to the emergency room and from there yould be treated in the hospital.

IBL MAN, M.D.

DM/jbn

BOCA RATON REGIONAL HOSPITAL

ACCT: 1602101223

DOB: MRN: 001415079

**OPERATIVE REPORT** 

DATE OF OPERATION: 01/22/2016

SURGEON: Daniel Man, MD

PREOPERATIVE DIAGNOSIS:

-Hematoma\_right-and-left-face, and neck.

POSTOPERATIVE DIAGNOSIS:

Hematoma, right and left face, and neck.

PROCEDURE:

Evacuation hematoma, irrigation, placement of drains.

INDICATIONS FOR SURGERY:

This is a who had marked amount of hematoma after was anticoagulated when was admitted to the hospital. The hematoma was in the right and left face and the patient needed emergency evacuation hematoma and repair.

DESCRIPTION OF PROCEDURE:

The patient was brought from the SICU to the operating room, placed on back, was orally intubated. The entire face and neck were prepped and draped in the usual sterile manner. Local anesthesia was induced and the suture line is opened in front of the ear and behind the ear on both sides. Large amount of blood clots was evacuated from the right and left face and the wound is irrigated with copious amounts of saline then antibiotic solution, some bleeding points were cauterized. At the same time, the patient received red blood cells and fresh frozen plasma and cryoprecipitate to help with the stop of the bleeding. Two drains, Penrose drains were left in the front of the ears coming on the top. The skin of the flap on the left side was dusky, dark in the mid portion, but improved toward the closure time. Additional sutures are placed in front and behind the ears. The drains were functioning. Protective dressing was applied on top with Silvadene dressing and dressing around. The patient tolerated the procedure well.

Daniel Man, ND SURGERY, PLASTIC/REC

DM/MODL

D; 01/22/2016 22;02;47T; 01/22/2016 23;47;47 Job #; 656590/685468067

**OPERATIVE REPORT** 

MRN: 001415079

DOB:

BOCA RATON REGIONAL HOSPITAL

ACCT: 1602101223

DATE OF OPERATION: 01/23/2016

SURGEON: Daniel Man, MD

PREOPERATIVE DIAGNOSIS:

Expanding hematoma, left face and right face.

POSTOPERATIVE DIAGNOSIS:

Expanding hematoma, left face and right face.

PROCEDURES:

Removal of hematoma, cauterization, irrigation, four new Jackson Pratt's, Arista, thrombin, repair wounds.

ANESTHESIA:

General endotracheal.

INDICATIONS FOR SURGERY

This is a who developed again hematoma of his right face and left face.

#### DESCRIPTION OF PROCEDURE:

The patient was taken to the operating room, placed on his back and the entire face was prepped and draped in usual sterile manner. The suture line has been removed previously on the left side and the site was irrigated with copious amount of saline and Betadine and the same thing was done in the neck area. The wound was irrigated and upon drying the area, it was noted that there was oozing in many, many areas including about four small vessels on the face and the neck that were cauterized. Arista was also used in the course of repair as well as thrombin and two new Jackson Pratt's were placed in the left face and the left neck. Toward the closer, it was noted that the right side was expanding; therefore, the right side was opened as well, and the old drains were removed, and a large amount of hematoma was found in the right face and the neck that was removed, irrigated, again with antibiotic solution and about 4 to 5 blood vessels were noted everywhere. There was small oozing that was stopped. Arista was used as well as thrombin with two new Jackson Pratt drains placed in closer down in layers around the ear. Protective dressing was applied on top. The patient tolerated the procedure well.

Daniel Man, MD SURGERY, PLASTIC/REC

DM/MODL

D; 01/23/2016 12;24;50T; 01/23/2016 12;50;15 Job #; 657143/685495558

#### BOCA RATON REGIONAL HOSPITAL

ACCT: 1602101223

MRN: 001415079

DOB:

**OPERATIVE REPORT** 

DATE OF OPERATION: 01/22/2016

SURGEON: Daniel Man, MD

PREOPERATIVE DIAGNOSIS:

Hematoma\_neck\_left-face, and scalp.

POSTOPERATIVE DIAGNOSIS:

Hematoma, neck, left face, and scalp.

PROCEDURE:

Evacuation hematoma and a Penrose drain.

INDICATIONS FOR SURGERY:

who is resuscitated overnight and developed hematoma to This is a face, right face, and the scalp.

DESCRIPTION OF PROCEDURE:

While at the bedside, the entire face was prepped and draped in usual sterile manner. The small incision was made at the bottom left neck. Small opening was done at the junction of the left temple and the left ear, where the sutures had been separated, so I can put the drain in. A drain was also placed in the similar manner in the right face and in the scalp. Total of 4 areas have been treated with drain those were secured with sutures. Approximately 30 cc of hematoma was removed from the left neck, about 5 cc from each side of the face, and 2 cc from the scalp. The patient tolerated the procedure well, the ICU, redressed.

Daniel Man SURGERY, HLASTIC/REC

DM/MODL

D: 01/22/2016 07:29:26T: 01/22/2016 07:50:45 Job #: 654371/685348606





### STATE OF FLORIDA Rick Scott, Governor

## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I. SOFFICE INFORMATION Brian D. Kurland, MD Name of office Tort MyErs City Zip Code County Name of Physician or Licensee Reporting	Street Address  239 936 8575  Telephone  MEBB590/1071  License Number & office registration number, if applicable
Patient Identification Number Atherosclerosis of Extremities (0) Diagnosis Intermit ent cloudication	Age Qa aa a Que Medicaid Medicare  Date of Office Visit  PETIONETO HTMOGRAM LEFT Profuvor CHERECTO  Purpose of Office Visit  ICD-9 Code for description of Incident  Level of Surgery (II) or (III)
III. INCIDENT INFORMATION  1222206 1630  Incident Date and Time  Note: If the incident involved a death, was the medical exa	Location of Incident:  ☐ Operating Room ☐ Other
Was an autopsy performed? • Yes • No  A) Describe, circumstances of the incident (narrationse additional sheets as necessary for complete response)  SEE NOTIONE OFFICE	

B) ICD-9-CM Codes	,		
170.212	No A		NoA
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, circ specific agent that o or event. (ICD-9 E-0	caused the injury	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if (Use additional sheets as necessary for NDN	complete response)	n the incident	
	<u> </u>		, , , , , , , , , , , , , , , , , , , ,
D) Outcome of Incident (Please	e check)		
□ Death		Surgical procedu	re performed on the wrong site **
□ Brain Damage	<u> </u>	Wrong surgical p	rocedure performed **
□ Spinal Damage		Surgical repair of surgical procedur	f injuries or damage from a planned re.
<ul> <li>Surgical procedure performed on t</li> </ul>	the wrong patient.	** if it resulted in:	
A procedure to remove unplanned remaining from surgical procedure		Death Brain Damag Spinal Dama	ge
Any condition that required the train patient to a hospital.	nsfer of the	<ul><li>Permanent d incision scar</li></ul>	fisfigurement not to include the
Outcome of transfer – e.g., death, brain observation only			neurological, physical, or sensory
Name of facility to which patient was Gulf Cogst Hospita	transferred;	☐ Any condition patient to a h	n that required the transfer of the
KEILY HIBE	Kurland, MI Kurland, MI KN93883 Goviria/RN Elbut, ST	anesthesiologist  ME66596  364)  9411755)	support staff and other health
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this SEE Forry 4VE	incident (Use additional	i sheets as necessary for	complete response}
B) Describe corrective or proactive	action(s) taken (Use a)	dditional sheets as neccs	sary for complete response)
V. SIGNATURE OF PHYSICIA  03/08/2016  DATE REPORT COMPLE		MITTING REPOR	
DATE REPORT COMPLE	TED TIME KE	FURT COMPLETE	טב

DH-MQA1030-12/06 Page 2 of 2



## VASCULAR & GENERAL SURGICAL SPECIALISTS OF SOUTHWEST FLORIDA BRIAN D. KURLAND MD., FACS

Board Certified Vascular & General Surgery

March 08, 2016

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

DOH Consumer Services

Re: Adverse Incident Report

To whom it may concern,

A) Describe circumstances of the incident— is a who had a left lower extremity angiogram and atherectomy via a left brachial approach. After the procedure, had nausea, vomiting, and a headache. did not have any focal neurologic symptoms. Although nausea, vomiting and headache improved these did not resolve and was transferred to Gulf Coast Hospital for observation and further workup.

initial head CT scan did not reveal a stroke. However, a subsequent MRI of the brain did reveal a small occipital infarct. The patient was discharged home without any symptoms or signs of neurologic deficit.

IV) Analysis and corrective action- It would appear that the apparent cause was from wire manipulation while crossing the left subclavian artery to enter the descending thoracic aorta. This is a known complication of the procedure. We will continue to monitor for any further occurrences in this patient population. We will continue to weigh the risks of brachial access to the use of other access sites.

Sincerely,

Brian D. Kurland, MD., F.A.C.S

Date !

STATE OF FLORIDA Rick Scott, Governor

#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Baid Cypress Way, Bin C76
Tallahassee, Florida 32399-3275

I OFFICE INFORMATION	
WALDOT CREEK MEDICAL CENTER	1779 N. DAWERSITY Day
Name of office	Street Address
City Zip Code County	754-964-6281 Telephone
DR HOTER YOTEFF	3/11
Name of Physician or Licensee Reporting	License Number 8 office registration number, if applicable
Patient's address for Physician or Ucensee Reporting	
·	
II. PATIENT INFORMATION	
	Age Gender Medicald Medicare
- 00000 bb047	Date of Office Visit
Patient Identification Number	Purpose of Office Visit
Diagnosis Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
3/15/16	
Incident Date and Time	Location of Incident:  Operating Room  Recovery Room
Netes If the testing to the transfer of the tr	U Other
Note: If the incident involved a death, was the medical examination was an autopsy performed? © Yes © No	iner notified? □ Yes □ No
	, <b>.</b>
A) Describe circumstances of the incident (narrativ (use additional sheets as necessary for complete response)	e)
Value de la	CODY. Anathoris auch
coloniscopy was started. Sool	13 Maria Maria
Oz saturation monitor not pick	ENDS (10 OF GOOD DOCK)
At this point have not gone I	regard the Glamond colon
Correct placement of the sattle vaturation	manufaction signal colon
at noted to not be spontaneous	shy haradayan Calancer and
	shy breathing, Colonoscope
cerealing no recognizable cui	La position - ( Galac Vibrator
I intrated clast compact and	THE AND NO PULS DECCTOR.
Intrated chost compressions	and acted for support staff.
Page 1 of 2 Oly	Cart, activate Energing Service
ducing Mil Called. Anotheria in	Cart, activate Emergeng Service fubated pt, Epi administrated applied, but pulse at this time
aming arest compressions. AED	applied; but pulse at this time
I cturned and cardiac rhathm no	tival in mil

B) ICD-9-CM Codes	Andalia - alan
786010 decreased	code blue - cardiac
Surgical, diagnostic, or treatment Accident, event,	- Coliteration
incident (ICD-9 Codes 01-99.9) specific agent the	let caused the injury (ICD a Code-page age at [UUU C' U
C) List any equipment used if directly involve (Use additional sheets as necessary for complete response)	
colonoscope, code cart	
D) Outcome of Incident (Please check)	
D Death	Surgical procedure performed on the wrong site **
D Brain Damage	□ Wrong surgical procedure performed →
บ Spinal Damage	Surgical repair of injuries or damage from a planned
<ul> <li>Surgical procedure performed on the wrong patient.</li> </ul>	surgical procedure,
A procedure to remove unplanned foreign objects	if it resulted in; □ Death
remaining from surgical procedure.	☐ Brain Damage ☐ Spinal Damage
Any condition that required the transfer of the patient to a hospital.	Permanent disfigurement not to include the
Outrome of transfor s.g., death, brain Jamage,	incision scar  Fracture or dislocation of bones or joints
Name of facility to which patient was transferred:	function,
- LIZOUZIAN REGIONAL HOKA TAL	Any condition that required the transfer of the patient to a hospital.
PT D/C'D IN STABLE CORD 3/21/16	poddik to a naspital.
E) List all persons, including license numbers if lice they were involved in this incident, this would include care providers.	ensed, locating information and the capacity in which
Topograf Dagger August 1	stant and other health
TERRANX & DAGOTTA - PURSTINGS IN OS. 5% PRINCIPALICA RID RID 31901102 PAIR	45, SCOTT SNYDED-ANESTORYA ME-5/605
Dairy RIVERT-ORTACH	40, XCTT SIXXXED - HOLSTOCKED ME-51655
F) List witnesses, including license numbers if licen	ised, and locating information if
Same as about	
IV. ANALYSIS AND CORRECTIVE ACTION	
A) Analysis (apparent cause) of this incident (use addition) POSSIBLE (CSD) (017) (1 Follow) Mused by C	Ropord induction. ALLS protocol fallowed
successfully. At his made complete recon	ley ard will follow for evaluation
B) Describe corrective or proactive action(s) taken at	
Occorded the state of the state	was educated on veso as to
Proporto to harther procedures	7711
v. X 1 K, 0 111	ME 72171
SIGNATURE OF PHYSICIAN/LICENSEE SUI	BMITTING REPORT LICENSE NUMBER
DATE REPORT COMMITTEE	EPORT COMPLETED

DH-MQÁ1030-12/06 Page 2 of 2

STATE OF FLO Rick Scott, Governor PHYSICIAN OFFICE

ADVERSE INCIDENT REPORT

DOH Consumer Serv

MAY 1 2 2016

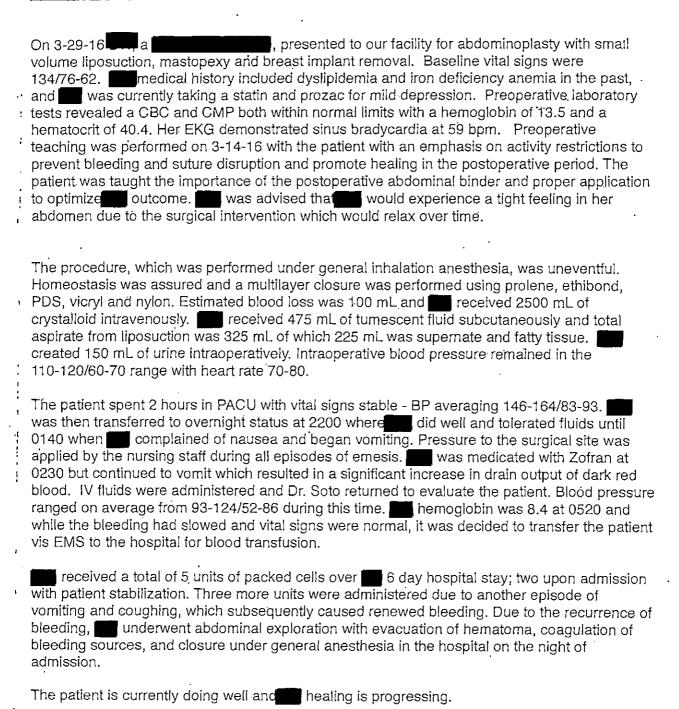
SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

OFFICE INFORMATION  Abtractic Envariants Plastic Surgery  Name of office  DY LAND  Zip Code  County  Name of Physician or Licensee Reporting  TOO DY Phillips Blvd., Ste. 100, 0r Lord Physician or Licensee Reporting	Street Address  (407) 218-4550 Telephone  OSL USI  License Number & office registration number, if applicable
Patient's Address NP11725 Patient Identification Number Hypertrophic Stin, amplication of Inventor Diagnosis Implants	Age 3 29 Ne Gender Medicaid Medicare  Date of Office Visit Suxaery  Purpose of Office Visit 459.0  ICD-9 Code for description of incident TU  Level of Surgery (II) or (III)
Note: If the incident involved a death, was the medical examine Was an autopsy performed? Yes No NA  A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)	
Sel attached namative	

n) 100 0 011 0 - d	
B) ICD-9-CM Codes — 787.0	
Surgical, diagnostic, or treatment Accident, event	t, circumstances, or Aesulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directly involve (Use additional sheets as necessary for complete response)	ed in the incident
<u> </u>	
D) Outcome of Incident (Please check)	,
□ Death	□ Surgical procedure performed on the wrong site **
□ Brain Damage	☐ Wrong surgical procedure performed **
🗖 Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
<ul> <li>Surgical procedure performed on the wrong patient.</li> </ul>	
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	□ Death □ Brain Damage
Any condition that required the transfer of the	☐ Spinal Damage ☐ Permanent disfigurement not to include the
patient to a hospital.  Outcome of transfer — e.g., death, brain damage, observation only	incision scar  Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.
E) List all persons, including license numbers if I they were involved in this incident, this would inccare providers.  Armando Soto, MD ME 910541  Ginger Bliss, PN PN 91075810  Caled Wilcox, PN PN 934910108  Sakah Hasty, MA	icensed, locating information and the capacity in which lude anesthesiologist, support staff and other health
k 1 1 A	censed, and locating information if not listed above
IV. ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use add Sel Attached NAWATIVE	
B) Describe corrective or proactive action(s) taken (  Sel attained MWatvl	Use additional sheets as necessary for complete response)
V. Alyand Sh	ME 96541.
DATE REPORT COMPLETED TIME	SUBMITTING REPORT LICENSE NUMBER '

#### Narrative III A)



#### IV Analysis and Corrective Action

Immediately after this incident I discussed this with my anesthesiologist and nursing staff. This will be further peer reviewed due to requirements of the AAAASF accreditation agency. It was felt that the patient had consumed excessive quantities of carbonated fluids during overnight stay and that coupled with excessive activity against medical advice resulted in nausea and

vomiting and subsequent bleeding and suture rupture. The patient was counseled repeatedly to remain within the prescribed activity level and to properly wear postoperative garment, however, was observed ignoring this advice repeatedly in PACU, during vornight stay and while in the hospital.

We have reviewed our processes for preoperative patient preparation and feel that they are more than adequate to help ensure a positive outcome. Patient non compliance is a potential issue that we endeavor to screen for, however, this was unpredictable in this instance.



Page 1 of 2

#### STATE OF FLORIDA

# PHYSICIAN OFFICE DOH Consumer Services ADVERSE INCIDENT REPORT JUN 1 5 2016

#### SUBMIT FORM TO:

Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

Name of office Street    Ouver   34698   USA	3/29 Alt 19 DUNEDUN  Address  727 400-4768  Telephone
City Zip Code County  ETC / QULLET MA-  Name of Physician or Licensee Reporting	MC 4440 License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
Patient Name 2 ( 24 (	O O
Patient's Address Date	Age Gende r Medicaid Medicare of Office Visit
Patient Identification Number Purpose	of Office Visit
Diagnosis ICD-9	Code for description of incident
Level	of Surgery (II) or (III)
111. INCIDENT INFORMATION  4/3/6 08:11 Am  Incident Date and Time	Location of Incident: ☑ Operating Room ☐ Recovery Room
modern sale and three	☐ Other
Note: If the incident involved a death, was the medical e Was an autopsy performed? □ Yes □ No	□ Otherexaminer notified? □ Yes □ No
Note: If the incident involved a death, was the medical of Was an autopsy performed?   A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response)	□ Otherexaminer notified? □ Yes □ No
Note: If the incident involved a death, was the medical of Was an autopsy performed?   A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response)  H. IN OR FOR B.A. Pf. INFO	examiner notified? • Yes • No  Trative)  Lbakd began to couch.
Note: If the incident involved a death, was the medical of Was an autopsy performed?   A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response)  H. IN OR FOY B.A. Pf. INTO LOOMS SUCCINO Holdic Given.	examiner notified? • Yes • No  Trative)  Lbakd began to cough.  Of EKG present bradicardia
Note: If the incident involved a death, was the medical of Was an autopsy performed?   A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response)  Pt. IN OR FOR B.A. Pf. INTO LOOMED SUCCINO HOLDE GIVEN - P.	examiner notified? I Yes I No  Prative)  Lbakd began to cough.  Of EKG presents bradicardie  Lds. Robinol 0.4mg IV While ches.
Note: If the incident involved a death, was the medical of Was an autopsy performed? I Yes I No  A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response)  Pt. IN OR FOR B.M. Pt. INTO COMP SUCCINOCHOLINE GIVEN-FORMALIE PAUSE NO BECOME  COMPRESSIONS STARKE. EK  Pt. Was waken and tas	examiner notified? I Yes I No  Trative)  Lbakd began to cough.  Of EKG present bradicardie  Lds. Robinol O. 4mg IV while ches.  CG SR 80, Case Cancelled  Ked to Paeu VSS. Atox3,
Note: If the incident involved a death, was the medical of Was an autopsy performed? I Yes I No  A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response)  Pt. IN OR FOR B.A. Pt. INTO COMPANIO GIVEN - FOR COMPANIO PAUSE NO BECOME COMPANIO STARTED. EK PT. WAS IWAKEN AND TAIL PT. WAS IWAKEN AND TAIL PT. WAS Addited Would be	examiner notified? I Yes I No  Trative)  Lbakd began to cough.  Of EKG presents bradicardie  Lds. Robinol 0.4mg IV While Ches.  Co SR 80, Case Cancelled
Note: If the incident involved a death, was the medical of Was an autopsy performed? I Yes I No  A) Describe circumstances of the incident (nar (use additional sheets as necessary for complete response)  Pt. IN OR FOR B.M. Pt. INTO COMP SUCCINOCHOLINE GIVEN-FORMALIE PAUSE NO BECOME  COMPRESSIONS STARKE. EK  Pt. Was waken and tas	examiner notified? I Yes I No  Trative)  Lbakd began to cough.  Of EKG present bradicardie  Lds. Robinol O. 4mg IV while ches.  CG SR 80, Case Cancelled  Ked to Paeu VSS. Atox3,

B) ICD-9-CM Codes			•
19.325	£870-E	876	NA
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, cir specific agent that or event. (ICD-9 E-	caused the injury	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if d	irectly involved	in the incident	
ANESThesia ma	chike	Pt. Was	intubated a tim
D) Outcome of Incident (Please			INCIA
Death		☐ Surgical procedu	re performed on the wrong site **
□ Brain Damage		□ Wrong surgical p	rocedure performed **
□ Spinal Dämage		☐ Surgical repair of surgical procedure	injuries or damage from a planned re.
<ul> <li>Surgical procedure performed on the</li> </ul>	e wrong patient.	** if it resulted in:	
<ul> <li>A procedure to remove unplanned the remaining from surgical procedure.</li> </ul>	oreign objects	□ Death □ Brain Damag	
		<ul> <li>Spinal Dama</li> </ul>	ige
Any condition that required the tran- patient to a hospital.	ster of the	<ul> <li>Permanent d inclsion scar</li> </ul>	lisfigurement not to include the
•	domana	<ul> <li>Fracture or d</li> </ul>	lislocation of bones or joints
Dutcome of transfer - e.g., death, brain observation only / http://www.	0014	<ul> <li>Limitation of function.</li> </ul>	neurological, physical, or sensory
Name of facility to which patient was t	ransferred:	<ul> <li>Any condition patient to a h</li> </ul>	n that required the transfer of the
	this would includ <u>NE 41440</u> <u>292183</u> 253222 CH-NCC7	e anesthesiologist	, support staff and other health
Shore			
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this POSSIBLE VAGCI		/ /	complete perponse) Lube
B) Describe corrective or proactive a  SAICCINDC/INVIVE  COMPLESSIONS		additional sheets as neces	
SIGNATURE OF PHYSICIA	N/LICENSEE SU	J BMITTING REPOR	LICENSE NUMBER
DATE REPORT COMPLET	TED TIME R	EPORT COMPLET	ED
DEL MOV 1 1030 10706			

DH-MQA1030-12/06 Page 2 of 2

State of Florida Rick Scoth Governor

JUN 1 7 2010



Page 1 of 3

#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cyprose Way, Bin C75 Tallahassee, Florida 32399-3275

Coral Gables Cosmetic Center  Jamo of office  Miami 33/45 Miami-Dade  Zip Code County  C 11 / 210/2006	Street Address 305 - 446 Telephone	7 AME Suite 302 -7277 x 309
Scott Luesin up NE67948  Jame of Physician or Licensee Reporting  3140 Northside Dure BIA Key West  Allent's address for Physician or Licensee Reporting   77  33040		registration number, if applicable
I. PATIENT INFORMATION	Age 5-31-201	G D D D D D D D D D D D D D D D D D D D
Patient's Address 16 22088 Patient Identification Number 1 10 Cysthrophy and fat trunsfee	Date of Office Visit Suraical Purpose of Office Visit	Procedure
Diagnosis	ICD-9 Code for description  Level of Surgary (II) or (II	
ii. Incident information		
5-31-2016 approx 19:33	☐ Ohlar ☐ Oberafing Room Location of Incident	Ręcovery Room
Note: If the incident involved a death, was the medical ex Was an autopsy performed? 3 Yes 5 No	aminer notified? 🛭 Yes 🖫 N	lo
Describe circumstances of the incident (name (use additional sheets as necessary for complete response)	(¢vl}	
#SEE Anesthesia and Recon	recy Room Note	.2
* Patient Mas a medical clearance. "cleared for lov	<u>,                                    </u>	by Dr. Aung 00, 1
	<b>₩</b> 13	

cocedure being performed at time of specific agent that notident (ICD-9 Codes 01-99.9) or event. (ICD-9 in complete response)  Amau Bag was user.  D) Outcome of Incident (Please check)	,
<u> </u>	
Death	Surgical procedure performed on the wrong site **
Brain Damage	☐ Wrong surgical procedure performed **
Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on the wrong patient.	** if it resulted in:
<ul> <li>A procedure to remove unplanned foreign objects remaining from surgical procedure.</li> </ul>	□ Death □ Brain Damage □ Spinal Damage
Any condition that required the transfer of the patient to a hospital.	Permanent disfigurement not to include the inclsion scar
Outcome of transfer – e.g., death, brain damage,	☐ Fracture or distocation of bones or joints ☐ Limitation of neurological, physical, or sensory
observation only  Name of facility to which patient was transferred:	function.  Any condition that required the transfer of the
Mercy Hospital	patient to a hospital.
they were involved in this incident, this would include a providers.	censed, locating information and the capacity in which ude anesthesiologist, support staff and other health  8) Adriana Barros, RN 9430910 AUS 2/18  8 AUS 9/12- Gregory, G. World C. CON 325-162
Aling Nivero, R.M4+625=3/2018 Scott James Loessin ME 67948 Yusnie   Padron SA; BLS 5/19  F) List witnesses, including license numbers if lice  N/4	



## Progress NOTES

SCOTT LOESSIN M.D.

31 MAY 2016 (TUESDAY)

MERCY HOSPITH AFTER I SPOKE WITH FAMILY

I ESCORT AMBILENCE TO E.R.

MEET DR. DEPENA (ER DOCTO)

NISCUAS CASE WITH Dr. DIMAS

(INTENSIVIST)

I Also ESCORT PATIENT TO

RADIOLOGY & DISCUSS CT
ANSIOGRAM WITH THE RADIOLOGIS

ON CALL. P.E. DIAGNOSED & I

ESCORT PATIENT TO CVICU

TO DISCUSS RATIENT/ WITH I

INTENSIVIST.

(MEDNERDAY)

I VISIT PATIENT IN HOSPITA] &

DISCUSS SITUATION WITH

FAMILY 1 NURSE, & De
SHARMA (INTENSIVIST).

Ste.#302 Miami, FL 33145 · P 305.446.7277 · F 305.446.9969

1800 SW 27 Ave Ste. #302 Miami, FL 33145 • P 305.446.7277 • F 305.446.9969 www.coralgablescosmetic.com



2 June 16

I CATIED THE HOSPITAL IT DISCUSSED

CONDITIONAL WITH DR. SHARMA.

THE PATIENT IS EXTUBATED TODAY

PUT ON A HERARIN DEIP FOR

BLOOD CLOT IN LUNG (P.E.) SQL.

3 JINE 16

I CALLED THE HOSTITA & DISCUSSED

LEONDI TION WITH DR. SHARMA.

I CALLED MOTHER, TO

EXPLAIN SITUATION. PATIENT INPROVING

5 JUNE 16

I VISIT WITH FAMILY ( WCH BETER SAT

7 June 16

earled intensivist in Hospital

| INFJERNED Pt transfered To

Stee DOWN ICU & Down'ng MUCH

Better 41



& JUNE 16

SPOKE WITH NUTSE AND

PT NOW ON HOSPITAL FLOOR AND

NO LOOSET SHOTT OF BREATH.

USING DXYGEN TO TREAT BLOOD

CLOT. DOCTORS CONCERNED TO

MAY HAVE CAUGHT PNEUMONIA.

9 Jone 16

SPOKE WITH

IN HOSPITA!

WAS NOT SHOCK OF BREATH &

OFF DX/GEN. DISCHARGE PLANNING

UNDERWAY. I HAVE CALLED DR.

MOAS S TIMES WITH NO RETURN.

CALL. DR. MOAS IS PUlmonologISH

10 June 16

SPOKE WITH IN HOSPITAL STILL DOING WEIL SQ

2 June 16

Removed sutures. 591

13 June 16

SPOKE WITH DISCHARGE



14 JUNE 16

SPOKE WISH

WAS DISCHARGED FROM

MERCY HOSEITAL TODAY TO

HOME.

I PLAN TO FOLLOW-UP WITH

LATER THIS WEEK & MARCH MES.

IF NEEDS TO KEACH MES.

STATES IS WE'TH & WE'TH & MAS

NOT SHORT OF BREATH & MAS

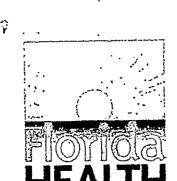
NO ADVERSE SYMPTOMS AS A

RESULT OF SURGERY

IS ALSO VERY HARPY WITH

THE RESULTS FROM FAT

TRANSFIER.



PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

LOIGEDIC.

TE OF FLORIDA

Governor

OCTO 120%

SUBMIT FORM TO:

	_
1. OFFICE INFORMATION  Jupiter Surgery Center  Name of office ()	600 Heritage De Suite 105
Sunter 33458 Palu Beach	561-354-0668
City Zip Code County	Telephone
In David Goldberg	License Number & office registration number, if applicable
Name of Physician or Licensee Reporting	License Muniber & Onice registration number, it applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
	<u> </u>
Patient Name	Age 9/16/16Gender Medicaid Medicare
Patient's Address 19454-1	Date of Office Visit & Wgery.
Patient Identification Number	Purpose of Office Visit 9996
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
8/16/16 1700	Location of Incident;
Incident Date and Time	Operating Room , PRecovery Room
Note: If the incident involved a death, was the medical exame Was an autopsy performed?   Yes   Yes	niner notified? □ Yes □ No
A) Describe circumstances of the incident (narrativ	ve)
(use additional sheets as necessary for complete response)	
While patient in recovery room noticed o	Ver time left SP drain changed
from luye amount of outplit to Ver	y little with BP trending it t
It tready To Patent about it oriente	I VI to charge in foc. Large
amount of output noted to left order of	er chiefly 10 mountes before Patient
teller bull to OR for explication & herein	tong evacuation Transferred to
Hospital Coupter Medical Center) Rox large	amout if blood loss we pusiotent
UBO 2 THC.	0.

B) ICD-9-CM Codes				
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)  15835 - Bull Demat pedatury 796  Accident, event, circumstances, or procedure being performed at time of incident (ICD-9 Codes 01-99.9)  15835 - Bull Demat pedatury 796  Resulting injury (ICD-9 Codes 800-999.9)  or event. (ICD-9 E-Codes)				
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)				
NA				
D) Outcome of Incident (Please check)				
□ Death	□ Surgical procedure performed on the wrong site **			
□ Brain Damage	□ Wrong surgical procedure performed **			
□ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.			
Surgical procedure performed on the wrong patient.	** if it resulted in:			
A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage			
Any condition that required the transfer of the patient to a hospital.	Permanent disfigurement not to include the incision scar     Fracture or dislocation of bones or joints			
Outcome of transfer – e.g., death, brain damage, observation only observation only observation.				
Name of facility to which patient was transferred:  Any condition that required the transfer of the patient to a hospital.				
E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers.    \( \text{Dimodal dberg} \) \( \text{M \in 104 415} \)   \( \text{Description} \) \( \text{Description} \) \( \text{All berg} \) \( \text{M \in 104 415} \)   \( \text{Laylor} \) \( \text{Showney} \) \( \text{9.3.25 927 RV} \)   \( \text{Laylor} \) \( M \in 104				
IV. ANALYSIS AND CORRECTIVE ACTION  A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response)  Bleeding in recovery Morn.				
B) Describe corrective or proactive action(s) taken (c)  Immediate re-explorate  monitoring and trans  DH-MQA1030-12/06 was stoppeff  Page 2 of 3 transfused in	use additional sheets as necessary for complete response.  To of ala with close  for further walnution. If was  the hospital.			

B) ICD-9-CM Codes	
17.56	9,92
Surgical, diagnostic, or treatment Accident event	
7	E-Codes) Codes 800-999.9)
C) List any equipment used if directly involve	d in the incident
Ath (ectomy	Kit
D) Outcome of Incident (Please check)	
□ Death	Surgical procedure porfessed
□ Brain Damage	□ Surgical procedure performed on the wrong site **
□ Spinal Damage	□ Wrong surgical procedure performed **
	Surgical repair of injuries or damage from a planned surgical procedure.
☐ Surgical procedure performed on the wrong patient.	
A procedure to remove unplanned foreign objects remaining from surgical procedure.	** if it resulted in:  Death
	☐ Brain Damage ☐ Spinal Damage
Any condition that required the transfer of the patient to a hospital.	Permanent disfigurement not to include the incision scar
Outcome of transfer – e.g., death, brain damage,	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory
observation only	function.  Any condition that required the transfer of the
	patient to a hospital.
they were involved in this incident, this would include care providers.  BEANCE JONES 05 13	ensed, locating information and the capacity in which de anesthesiologist, support staff and other health
	199731
TOWAY) NOINGKI CRT	37064
F) List witnesses, including license numbers if license AS ADOV C	nsed, and locating information if not listed above
IV. ANALYSIS AND CORRECTIVE ACTION	
A) Analysis (apparent cause) of this insident (Use addition to the first of the fir	nal sheets as necessary for complete response)
W COMMINICAL COLUMN	
B) Describe corrective or proactive action(s) taken (us	a additional angels as necessary for complete response)
BY NOMIAL WASCOND - TOWN	STOCKED TO HOSPITAL PT Was
discharged 1011-1911119	condition on MZ611867
SIGNATURA OF PHI SEVEL OF SET SU	BMITTING REPORT LICENSE NUMBER
	REPORT COMPLETED
DH-MQA 1030-12/06 Page 2 of 2	

#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#### SUBMIT FORM TO:

OFFICE INFORMATION     My Cosmetic Surgery Center     Name of office		th Street, Suit	e 30
	Street Address		
Miami 33155 Miami-Dade City Zip Code County	305-264-963 Telephone	36	
Jeffrey Lagasso	•	ODD 1001	
Name of Physician or Licensee Reporting	ME102255	OSR 1061	number, if applicable
	Liocijaa Hamber o	Cince (egist soo)) [	iditibet, it applicable
Patient's address for Physician or Licensee Reporting			
II. PATIENT INFORMATION			
		Female	
Patient Name	Age	Gender	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Patient's Address	_11/9/2016		
61273 :	Date of Office Visit Breast Aug. L		
Patient Identification Number	Purpose of Office '	Visit	
Small Breast, Excess Body Fat  Olagnosis	Allergic rea	sction scription of incident	
, 0	Level III		
	Level of Surgery (I	l) or (III)	
III. INCIDENT INFORMATION			
8/30/2016			
Incident Date and Time	Location of Incider  D Operating Room	itt	_
	☐ Other	⊔	wery Room
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No	er notified? D Yes	s ⊡ No	
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)			
Patient arrived to the Operating Room and was placed on th	e OR table. Ane	sthesia time ou	It neformed
Patient being prepped and foley catheter was placed. Before			
reaction requiring BP support, 911 Activated, Pt given H1/h			
and extubated. Pt was sent to the ER via stretcher for evaluation			· · · · · · · · · · · · · · · · · · ·
	300011		<del>-</del> .
	·		

#### B) ICD-9-CM Codes Anesthesia Induction Allergic Reaction None Surgical, diagnostic, or treatment Accident, event, circumstances, or Resulting injury procedure being performed at time of specific agent that caused the injury (ICD-9 Codes 800-999.9) incident (ICD-9 Codes 01-99.9) or event. (ICD-9 E-Codes) C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response) ET Tube D) Outcome of Incident (Please check) Death Surgical procedure performed on the wrong site \*\* Brain Damage Wrong surgical procedure performed \*\*\* Spinal Damage Surgical repair of injuries or damage from a planned surgical procedure. Surgical procedure performed on the wrong patient. \*\* if it resulted in: A procedure to remove unplanned foreign objects Death remaining from surgical procedure. Brain Damage Spinal Damage Any condition that required the transfer of the Permanent disfigurement not to include the patient to a hospital. incision scar Fracture or dislocation of bones or joints Outcome of transfer - e.g., death, brain damage, Limitation of neurological, physical, or sensory observation only Name of facility to which patient was transferred: □ Any condition that required the transfer of the patient to a hospital. E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers. Jeffrey Lagrasso, ME102255 Ariel Sepulveda, ARNP3367602 Darwin Saez, SA Lazara L Reyes MA F) List witnesses, including license numbers if licensed, and locating information if not listed above IV. ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent cause) of this incident (Use additional sheets at necessary for complete response) The patient had an anaphylactic reaction with no previous reactions or knowledge of sensitivity. Patient was evaluated in ER and discharged. Patient followed with allergy testing. B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) Ensure all patients have completed intake sheet and verbal confirmation during consultation history of any sensitivity.

SIGNATURE OF PHYSICIAN/LICENSEE SUBMITTING REPORT

LICENSE NUMBER

DATE REPORT COMPLETED

TIME REPORT COMPLETED

52



OFFICE INFORMATION

## STATE OF FLORIDA Rick Scott, Governor

### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

lifeline Vascular + Interventional Con	th 4585 E Huy 20 " 125 .
Name of office	Street Address . U
<u>Dicoville</u> 32578 Okaloosa	(850) 678-01.84
City Zip Code County	Telephone
Lisa Normandin TW  Name of Physician or Licensee Reporting	RN 3173432 HCC10009
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Dr. Michael Miller ME# 98427	
Patient's address for Physician or Licensee Reporting	
	<u>.</u>
II. PATIENT INFORMATION	
	$m \cdot d$
Patient Name	Age Gender Medicaid Medicare
Patient's Address	9-23-16 Gender Medicalo Medicale  Date of Office Visit
	Angio aram
Patient Identification Number Anaiomam - 000 248 coo 768	Purpose of Office Visit . :
Diagnosis	ICD-9 Code for description of incident
•	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
^	
9-23-16 2:05	Location of Incident:
Incident Date and Time	☐ Operating Room ☐ Recovery Room ☐ Other ☐ Other
Chlore (Ether) and the first of the second	
Note: If the incident involved a death, was the medical Was an autopsy performed? a Yes a No	Lexaminer notified? □ Yes □ No
. Was an autopsy performed? Gives Givo	
A) Describe circumstances of the incident (na	arrative)
(use additional sheets as necessary for complete response)	
: pt came out of procedure room with	fenstop in place, 9,5" × 10" himatoma, No
active bleeding. @ 2:05 incupase in	size of hematerne noted, Dr. Miller notesked
<b>.</b>	exerce be held, 20g IV @ Arm W NS W.O
Started, O, Il No. Bot had dropped to	299/52 2t heave che at 1 soi = 0
	anual presure and pt continued to
	e/10 to 8/10. Ems called: + pt
taken to Fort Walten Beach	Medical Center ER
DH-MOA1030 12/06	•
DH-MQA1030-12/06	

B) ICD-9-CM Codes	
Surgical, diagnostic, or treatment Accident, event,	circumstances, or Resulting injury at caused the injury (ICD-9 Codes 800-999.9) E-Codes)
C) List any equipment used if directly involve (Use additional sheets as necessary for complete response)	d in the incident
· 12/19 .	
D) Outcome of Incident (Please check)	*
□ Death · ′	□ Surgical procedure performed on the wrong site **
□ Brain Damage	□ Wrong surgical procedure performed **
□ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
Surgical procedure performed on the wrong patient.  A procedure to remove unplanned foreign objects remaining from surgical procedure.  Any condition that required the transfer of the patient to a hospital.  Outcome of transfer — e.g., death, brain damage, observation only	** if it resulted in:  Death  Brain Damage  Spinal Damage  Permanent disfigurement not to include the incision scar  Fracture or dislocation of bones or joints  Limitation of neurological, physical, or sensory function.  Any condition that required the transfer of the patient to a hospital.
they were involved in this incident, this would include care providers.  Lisa Normanaka 12w 3173432 post parado	re Cossandra Resilar RN 9343496 past procedure
Sean Powell RT	a Carry Johnson Access Coordinator
F) List witnesses, including license numbers if lice  Dr. M. Mer M2# 98427	nsed, and locating information if not listed above
IV. ANALYSIS AND CORRECTIVE ACTION  A) Analysis (apparent cause) of this incident (Use addition Successful prorective consoletic Con	onal sheets as necessary for complete response)
B) Describe corrective or proactive action(s) taken (Us Direct fresure continuously applied, Velles trendelenburg perstance DH-MQA1030-12/06 Page 2 of 3	se additional sheets as necessary for complete response)

W14 72835



STATE OF FLORIDA Rick Scott, Governor-

### ADVERSE INCIDENT REPORTH Consumer Services PHYSICIAN OFFICE

SUBMIT FORM TO: QCT 1. & 2016
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, Florida 32399-3275

I. OFFICE INFORMATION	
Vascular Surgery Associates	_2631 Centennial Blvd
Name of office	Street Address
Tallahassee FL 32308 leon	_850-877-8530
City Zip Code County	Telephone
_Dr. Robert Hovne	ME0042148 OSR925
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	•
7,111=111, 011111, 011	
Patient Name	Age Gender Medicald Medicare 9-26-16
Patient's Address	Date of Office Visit
78357 Patient Identification Number	Bilateral carotid angiography
l65.23	Purpose of Office Visit R47,014
Diagnosis	ICD-9 Code for description of incident
	Level    Level of Surgery (II) or (III)
	cover or obligary (n) or (ni)
III. INCIDENT INFORMATION	
0.70.40.4000	
9-26-16 1230 Incident Date and Time	<ul> <li>Location of Incident:</li> <li>□ Operating Room</li> <li>□ Recovery Room</li> </ul>
	2 Other angiography suite
Note: If the incident involved a death was the medical	oversions actificated D. V D. N.
Note: If the incident involved a death, was the medical Was an autopsy performed? ☐ Yes ☐ No	examiner notified? Li Yes Li No ,
vyda dir ddiopay pariotifica; e 163 e 146	
A) Describe circumstances of the incident (na	rative)
(use additional sheets as necessary for complete response)	,
1230 Patient to recovery following carotid angiogram with p	ercutaneous vascular intervention due to identification of an
ľ	
ſ	AD, VSS. 1428 Patient was noted to have neurological changes
with expressive aphasia. Dr. Hoyne was notified, order give	n to transfer patient to TMH for further evaluation/observation.
1430 EMS contacted, stroke alert given. Family notified of	atients condition and need for transfer. 1436 EMS arrived, bedside
· · · · · · · · · · · · · · · · · · ·	
report given. 1440 Patient transferred to TMH via EMS, VSS,	NAD. Belongings sent with
·	
DH-MQA1030-12/06	
Page 1 of 3	

				•
B) ICD-9-CM Codes				•
N/A ·	N/A			R47.01
Surgical, diagnostic, or treatment procedure being performed at time of incident (ICD-9 Codes 01-99.9)	Accident, event, or event. (ICD-9 I	t caused th	es, or, e injury	Resulting injury (ICD-9 Codes 800-999.9)
C) List any equipment used if d (Use additional sheets as necessary for co	irectly involved omplete response)	in the in	cident	;
N/A	<del></del> _			
D) Outcome of Incident (Please	check)			
Q Death		□ Surgio	zal procedi	ure performed on the wrong site **
□ Brain Damage .	<b>1</b> :	⊶. □ Wrong	g surgical [	procedure performed ***
Spinal Damage			cal repair o	of injuries or damage from a planned ure.
☐ Surgical procedure performed on th	e wrong patient.	· -	resulted in	
<ul> <li>A procedure to remove unplanned fremaining from surgical procedure.</li> </ul>	oreign objects		eath rain Dama	
Any condition that required the trans	sfer of the	□ P		disfigurement not to include the.
patient to a hospital,	1		icision sca racture or	r dislocation of bones or joints
Outcome of transfer – e.g., death, brain observation only <u>observation only</u>		l 🗆 Li	imitation of inction.	f neurological, physical, or sensory
Name of facility to which patient was t	ransterred:	□ A pa	ny conditionation	on that required the transfer of the hospital.
E) List all persons, including licens they were involved in this incident, care providers.  Julie Angelier RN 9305209	se numbers if lice this would inclu	ensed, loc de anesth	ating info	ormation and the capacity in which t, support staff and other health
Bryce Carroll RN 93433358				
Robert Hoyne MD ME0042148	•		<del></del>	
F) List witnesses, including license	numbers if lies			to Farmer Manager Mana
Cameron Carroll RPA Lab Manager 110		iseu, anu	locating i	miorination is not listed above
	:			i
IV. ANALYSIS AND CORRE A) Analysis (apparent cause) of this N/A			necessary fo	: r complete response)
1803		<u> </u>		<u>·</u>
B) Describe corrective or proactive a	ction(s) taken (us	e additional sh	eets as nece	essary for complete response)
DH-MQA1030-12/06 Page 2 of 3	- -			•



### **PHYSICIAN OFFICE** ADVERSE INCIDENT REPORT

SUBMIT FORM TO:
Department of Health, Consumer Services Unit
4052 Bald Cypress Way, Bib C/S Consumer Services
Tallahassee, Florida 32399-3275

OCT 2 0 2016

·	
1. OFFICE INFORMATION Institute	1151 NW 64 Terr
Name of office  Cainsville  Zip Code  County	Street Address  352/375-1212 n 352/416 - 2646  Telephone
James J. O'Meara, TIL, MD Name of Physician or Licensee Reporting	ME 70431 · OSR #805 License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
Patient Nome.	Age Gender Medicaid Medicare
Patient's Address	Date of Office Visit Planned peripheral angio and intervention Purpose of Office Visita
Patient Identification Number Atheroselevosis of Extremities & Lint. Claudication Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
10/5/16 @ 0835 Incident Date and Time	Location of Incident:  ☑ Operating Room ☐ Recovery Room ☐ Other
Note: If the incident involved a death, was the medical Was an autopsy performed? □ Yes □ No	examiner notified? □ Yes □ No
Describe circumstances of the incident (na (use additional sheets as necessary for complete response)	
Pt underwent (DSFA intervention with angreplasty When pt attempted to ambulate prior to d	+ stent placement. Recovery was uneventful.
also became lightheaded. Dr D'Meara o	dered ultrasound of site, which was nextive
For bleeding After bolusing of with fluid a	nd several failed attempts at ambulation
It was transferred to NPRIC at Dr. O	Meara's order. ACTa hospital revealed a
retroperitoreal bleed. The radiologist at the howard not have been able to detect it.	spital confirmed that due to location of bleed, us
Month in the contract of the c	· · · · · · · · · · · · · · · · · · ·

DH-MQA1030-12/06 Page 1 of 3

				· · · · · · · · · · · · · · · · · · ·
B) ICD-9-CM Codes		•	0.4	
440,21 - CPT 37276	793.64	59	904.0	
Surgical, diagnostic, or treatment procedure being performed at time of	Accident, event, c	circumstances, or to caused the injury	Resulting injury (ICD-9 Codes 800	)-999.9)
C) List any equipment used if dir (Use additional sheets as necessary for con Micropuncture Kit for one SS Cont	nplete response)		etainte attracaut	nd nivid a mes
Jacob Contract Contra	<u> </u>	)	.57 (7)	J
D) Outcome of Incident (Please c	heck)	·		
□ Death ·		☐ Surgical proce	dure performed on the	wrong site **
□ Brain Damage		□ Wrong surgical	procedure performed	1**
☐ Spinal Damage .		Surgical repair surgical proces	of injuries or damage	from a planned
☐ Surgical procedure performed on the	wrong patient.	•	•	
<ul> <li>A procedure to remove unplanned fo remaining from surgical procedure.</li> </ul>	reign objects	** if it resulted i  Death  Brain Dam	age	
<ul> <li>Any condition that required the transfer patient to a hospital.</li> </ul>	er of the	incision sc	t disfigurement not to ar	]
Outcome of transfer - e.g., death, brain of observation only DIC on 10/6-blog res	alved and interver	Limitation of the Limitation.	r dislocation of bones of neurological, physic	al, or sensory
Name of facility to which patient was transled North Florida Regional Med	ical (eviler	Any condit patient to a	ion that required the to hospital.	ansier of the,
E) List all persons, including license they were involved in this incident, to care providers.  James O'Meava MD; 70431-c	his would includ	de anesthesiologi Lynne Meyo	st, support staff and adank RN: 98040	d other health
Lauren Philips RN: 9384403-5	edation	Jamey Spen	ecc, CVT', Holdin	9
Carke Welch RC15: 79231-son Magan Pavadis, RC15: 96098-ass	ublassist ist			
F) List witnesses, including license	numbers if licen	nsed, and locating	information if not l	isted above
IV. ANALYSIS AND CORRECT				,
A) Analysis (apparent cause) of this in	. 1			
Because of the proximal SFA occlusions		3 1		1
B) Describe corrective or proactive ac	,	-) 0	1	•
All appropriate actions were taken	to quin safe a	ccess (micropuni	ture kit: U/squi	ud access).
In fidure every attempt will be made	to oward acces	sing the comman	femoral artery to	proximally.
DH-MQA1030-T2/06 Page 2 of 3	-	•	. J	<b>ئ</b> ا.

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Florida HFAITH STATE OF FLORIDA Rick Scott, Governor

### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

I. OFFICE INFORMATION	
The Cardrae and Vascular Institute.	1151 NW let Terrace
Name of office	Street Address
Gainesville 32405 Alachua.	352/375-122 or 352/416-2646
City Zip Code County	Telephone
Daniel Van Poul	77995 /USR #805
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Same	
Patient's address for Physician or Licensee Reporting	
, , ,	
II. PATIENT INFORMATION	
II. PATIENT IN ORIGINATION	
·	F D W.
Poticot Namo	Age Gender Medicaid Medicare
Patient's Address	
47746V	Dote of Office Visit heartasthe peripheral angio-poss.
Patient Identification Number PAD Arteriorcleres, ESRD, Itermilent Claudra	Purpose of Office Visit 1'n 729.72
Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
1 ( )	
	Location of Incident:
Incident Date and Time	☐ Operating Room ☐ Recovery Room ☐ Other
Note: If the incident involved a death, was the medica	al [examiner notifiéd? □ Yes □ No
Was an autopsy performed? □ Yes □ No	
A) Describe circumstances of the incident (na	arrativa)
(use additional sheets as necessary for complete response)	Tradive,
Please see attached.	
The state of the s	1
·;	
	<del></del>
•	
DH-MQA1030-12/06	
Page 1 of 3	
7	1

#### Attachment – Incident Information

The patient underwent peripheral arterial angiography and intervention with unsuccessful attempted intervention upon the chronically occluded right superficial femoral artery and popliteal arteries. Unfortunately the glide wire entered the subintimal space near the popliteal artery and there were microperforations associated with contrast extravasation. This appeared to resolve upon repeat angiography at which time I decided to terminate the case:

The patient was observed in post-procedural unit for several hours and developed some pain of the right calf and tightness, likely due to some minimal bleeding. She received protamine in order to reverse her anticoagulation and blood pressure cuffs were placed in the distal right thigh and right calf (proximal and distal) for several hours. There appeared to be no progression of bleeding, and the leg softened somewhat but was still quite tender and sore making it difficult for the patient to ambulate. In consideration of this, the patient's complex history, and the incoming hurricane/storm, the patient was transferred to the emergency room for overnight admission and close observation of her right leg, as there was a risk of compartment syndrome.

B) ICD-9-CM Codes	
440.20 /757/6 72977	904.41
Surgical, diagnostic, or treatment Accident, event,	circumstances, or Resulting injury
	nat caused the injury (ICD-9 Codes 800-999.9)
incident (ICD-9 Codes 01-99.9) or event. (ICD-9	E-Codes)
C) List any equipment used if directly involve (Use additional sheets as necessary for complete response)	d in the incident
Angledglide coulder, CXC expssing coulders, &	lidewire Advantage, CTO wires
<del>-11</del> , , , ,	J,
D) Outcome of Incident (Please check)	
Death	Surgical procedure performed on the wrong site **
. Beau.	
□ Brain Damaġe .	☐ Wrong surgical procedure performed **
□ Spinal Damage	Surgical repair of injuries or damage from a planned
	surgical procedure.
Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects	D Death
remaining from surgical procedure.	☐ Brain Damage ☐ Spinal Damage
Any condition that required the transfer of the	Permanent disfigurement not to include the
patient to a hospital.	incision scar
Outcome of transfer e.g., death, brain damage,	☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory
observation only Surgerce treatment + Poloup	function.
Name of facility to which patient was transferred: North Horica Required Me orcal Center	<ul> <li>Any condition that required the transfer of the patient to a hospital.</li> </ul>
North Hollier langional her with control	pation to a nospital.
militaria de la composición del composición de la composición de la composición del composición de la	
	ensed, locating information and the capacity in which ide anesthesiologist, support staff and other health
care providers.	
Daniel Van Roy, MD: 77995, operator	Lynne Mercadank, RN: 980402, holding
Lauven Phillips, RN: 9384403, sedation	Carlee Welch, RCIS; 79231, holding
Liz ladgett, RCIS, 88926; ascrub/assist	
Jamey Spencer, CVT, essist	
F) List witnesses, including license numbers if lice	need, and locating information if not listed above
Kendra Clark medical assistant, observing-	
	4
IV. ANALYSIS AND CORRECTIVE ACTION	
A) Analysis (apparent cause) of this incident (Use additi	reroperforation within the total vessel. Bleeding
	ative platelet eys function from rend failure
was not rastry torners are to proqually	minte luminer of 2 Long the LASAN ASAM LANG LANGE
B) Describe corrective or proactive action(s) taken (us	e additional sheets as necessary for complete response)
Known complication.	
<u> </u>	

DH-MQA1030-12/06 Page 2 of 3



I., OFFICE INFORMATION

STATE OF FLORIDA Rick Scott, Governor

#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

SUBMIT FORM TO:

National Medical Practices 14	4730 N. Habana Ave, Ste 303
Tampa 33614 Hillsborough Carissa Stone	813-739-7495 Telephone OSR #1133
Name of Physician or Licensee Reporting	USR # 1133 Liçense Number & office registration number, if applicable
See below Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	ı
II. PATIENT INFORMATION	Male
	Age 10 Oct 16 Gender Medicaid Medicare
Patient's Address	Date of Office Visit  17/4ction - therapy for pain proble  Purpose of Office Visit
Patient Identification Number 729.4M54.1	ICD-9 Code for description of incident
	Level of Surgery (III) or (III)
III. INCIDENT INFORMATION	
October 06, 2016 .	Location of Incident:  Di Operating Room Recovery Room Other re-o
Note: If the incident involved a death, was the medical exam Was an autopsy performed? □ Yes □ No	niner notified? ☐ Yes ☐ No
A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	/e)
Patient appeared to vasora	cal response to I.U.
placement then had "Sev	Que Like " Activity but
No clear post ictal phos	e statilize then
capealed not impained.	Froceoged 40 Hr Case.
mexodure but not "fre	Il lients " xust challen
Lea that resolved, and i	Date report from Radiologo
reported concern for C a	linearl despite mier
CTUS MRI Brown and The	K HO tractered out of conor
DH-MQA1030-12/06 for places that the	esea diaphoeses and hipperteris
Page 1 of 2 Recommeded Syan	Eger, "
4	

·	B) ICD-9-CM Codes  723 8 M53 87 1 724 M54 IL 78 0 39 6  Surgical, diagnostic, or treatment Accident, event, ci procedure being performed at time of specific agent that	
	incident (ICD-9 Codes 01-99.9) or event. (ICD-9 E	
	C) List any equipment used if directly involved (Use additional sheets as necessary for complete response)	in the incident
	D) Outcome of Incident (Please check)	
	Death	Surgical procedure performed on the wrong site **
	Brain Damage	Wrong surgical procedure performed **
	□ Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
	they were involved in this incident, this would include care providers. Mer seas	** if it resulted in:  Death Brain Damage Spinal Damage Permanent disfigurement not to include the incision scar Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function. Any condition that required the transfer of the patient to a hospital.
¥	Pair mouder mesthes	el pre op/PACU
		RN 9415290
	F) List witnesses, including license numbers if licen  Dang Zungano FN - charge  EN 9312255  IV. ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent cause) of this incident (Use addition	Course
	Analysis - Anxiety and prior vagal stren regarde	concussion together caused
	B) Describe corrective or proactive action(s) taken (Use Reviewed pre-op protoco	1-No changes indicated,
	V. SIGNATURE OF PHYSICIAN/LICENSEE SU 10 13/16 D830A DATE REPORT COMPLETED TIME F	ME83895 BMITTING REPORT LICENSE NUMBER
	DH-MOA1030-12/06	

DH-MQA1030-12/06 Page 2 of 2

#### MEALIF

1. OFFICE INFORMATION  1345 International Inc.  Name of office	777 N. University Drive Stell
Tamarae 33321 Broward City Zip Code County	954-720-7777 Telephone
Hama of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION  Patient Name	Age LO LO Sender Medicaid Medicare
Patient's Address H-F140B10B47  Patient Identification Number  Diagnosis	Date of Office Visit  2nd trumester termination of pregnance  Purpose of Office Visit  ICD-9 Code for description of incident  T
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION  10/0/2014 230  Incident Date and Time	Location of Incident:  Operating Room  Recovery Room Other
Note: If the incident involved a death, was the medical exam Was an autopsy performed?   Yes  No	iner notified? □ Yes □ No
A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	re) re attached
	· · · · · · · · · · · · · · · · · · ·
DH-MQA1030-12/06 Page 1 of 2	

A. The patient presented for an elective termination of pregnancy with a dilatation and evacuation of the uterine contents planned. She had the appropriate blood work, and ultrasound done at the office which noted a 15-week estimated fetal size present in the uterus. After appropriate consents were obtained and the patient properly counseled with risk and benefits reviewed; she was brought to the operative suite, and placed in the dorsal-lithotomy position. IV conscious sedation was administered which oxygen saturation, and blood pressure monitors in place. The dilation and evacuation was started, and entry in to the uterus was more difficult than anticipated. She had a prior cesarean section for the delivery of her youngest child, and at this point was of and ultrasound to guide the procedure was employed. After an extensive evaluation with the ultrasound, a uterine perforation was suspected. The office procedure was terminated, and the patient was transferred by EMT to the hospital for further inpatient care. It was noted that the patient had planned to return for an elective tubal sterilization in the near future, which was confirm by multiple office staff members.

At the hospital she underwent an laparotomy with repair of a uterine perforation, a hysterotomy with removal of uterine contents/products of conception, and an elective tubal sterilization which the patient had requested. She did not require, nor receive any blood products. She was discharge home after two days, in good condition; and was appreciated her care with no current questions

Sink floder a

7777 N. University Dr. • Suite 102 • Tamarac, FL 33321 Tel: 954.720.7777 • Fax: 954.726.2896

mbenjaminmd@gmail.com · www.drbenjamin.com

10	nd speculium-single tooth tenacurus-abdominal ultrasorund u	net
	Outcome of Incident (Please check)	
	Death	□ Surgical procedure performed on the wrong site **
	Deam)	
	Brain Damage	☐ Wrong surgical procedure performed **
	Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
)	Surgical procedure performed on the wrong patient.	** if it resulted in:
	A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage ☐ Spinal Damage
1	Any condition that required the transfer of the patient to a hospital.	Permanent disfigurement not to include the incision scar     Fracture or dislocation of bones or joints
bse	come of transfer – e.g., death, brain damage, ervation only	<ul> <li>Limitation of neurological, physical, or sensory function.</li> </ul>
زan	ne of facility to which patient was transferred:	Any condition that required the transfer of the patient to a hospital.
	- providere	N 636561 assistant
	Providers. Robin Hathaway P Anyel Carcedo MA	N 636561 assistant assistant
	Providers. Robin Hathaway P Anyel Carcedo MA	
are	Providers. Robin Hathaway P  Anyel Carcedo MA  Anna Fox Who	N 636561 assistant assistant
care	Providers.  Robin Hathaway P  Anyel Carcedo MA  Anna Fox Word  List witnesses, including license numbers if lice	N 636561 assistant assistant asound tech
F) I	e providers.  Robin Hathaway P  Anyel Carcedo MA  Anna Fox Whom  List witnesses, including license numbers if lice  Same as above	N 636561 assistant
=)   V.	ANALYSIS AND CORRECTIVE ACTIO	N 636561 assistant assista
are	e providers.  Robin Hathaway P  Anyel Carcedo MA  Anna Fox White  List witnesses, including license numbers if lice  Same as above  ANALYSIS AND CORRECTIVE ACTIO  Analysis (apparent cause) of this incident (Use additing procedure was derminated)	N 636561 assistant assista
)   V.	e providers.  Robin Hathaway P  Anyel Carcedo MA  Anna Fox White  List witnesses, including license numbers if lice  Same as above  ANALYSIS AND CORRECTIVE ACTIO  Analysis (apparent cause) of this incident (Use additing procedure was derminated)	N 636561 assistant assista
V. へ)	Analysis (apparent cause) of this incident (Use addition of the procedure was derminate as noted), and transferred to taken (Use corrective or proactive action(s) taken (Use corrective or proactive act	N 636561 assistant  - assistant  - assistant  - sound tech  ensed, and locating information if not listed above  N  tional sheets as necessary for complete response)  d when the suspected partiration  the hospital by Ettand imparted r  Use additional sheets as necessary for complete response)
IV. A) + 1 (W) (B)	Analysis (apparent cause) of this incident (Use adding to procedure was derminate as noted), and transferred to the laparotomy, vepant of the Co	N 636561 assistant assista
V.   V.   A)   A   A   A   A   A   A   A   A	ANALYSIS AND CORRECTIVE ACTIOnallysis (apparent cause) of this incident (Use adding Noted) and transferred to be procedure was derminate as noted, and transferred to be procedure, repair of the concedure of the concedure was derminated as noted, and transferred to be corrective or proactive action(s) taken (laparotomy, repair of the conceduration of where contents a	N 636561 assistant assista
IV. A) 11 W. B)	Analysis (apparent cause) of this incident (Use adding to procedure was derminate as noted), and transferred to the laparotomy, vepant of the Co	N 636561 assistant assista
V.   V.   A)   L.   L.   L.   L.   L.   L.   L.   L	ANALYSIS AND CORRECTIVE ACTIONALYSIS (apparent cause) of this incident (use addition to be procedure was derminate as noted), and transferred to be corrective or proactive action(s) taken (a parotomy, vepan of the convention of	N 636561 assistant  assistant  esound tech  ensed, and locating information if not listed above  N  tional sheets as necessary for complete response)  d when the Suspected partiration  the hospital by Ettand imparent r  Use additional sheets as necessary for complete response)  many med werne partoration, high  a requested tubal Stanharton was  any thome followed.  ME55566  SUBMITTING REPORT LICENSE NUMBER
V.   V.   A)   L.   L.   L.   L.   L.   L.   L.   L	ANALYSIS AND CORRECTIVE ACTION Analysis (apparent cause) of this incident (Use adding Noted) and transferred to the procedure was derminate as noted, and transferred to the corrective or proactive action(s) taken (I aparotomy, vepair of the corrective or proactive contents a concentral recovery and discharge of the corrective of PHYSICIAN/LICENSEES 10/22/2014	N 636561 assistant  assistant  esound tech  ensed, and locating information if not listed above  N  tional sheets as necessary for complete response)  d when the Suspected perfevation  the hospital by Ettand impatient in  Use additional sheets as necessary for complete response)  indicational sheets as necessary for complete response)
V. Y. W. V.	ANALYSIS AND CORRECTIVE ACTIONALYSIS (apparent cause) of this incident (Use additions noted), and transferred to be corrective or proactive action(s) taken (I aparotomy, vepaur of the consent of the co	N 636561 assistant  assistant  esound tech  ensed, and locating information if not listed above  N  tional sheets as necessary for complete response)  d when the Suspected partiration  the hospital by Ettand imparent r  Use additional sheets as necessary for complete response)  many med werne partoration, high  a requested tubal Stanharton was  any thome followed.  ME55566  SUBMITTING REPORT LICENSE NUMBER

DOH Consumer Services



Page 1 of 3

PHYSICIAN OFFICE ADVERSE INCIDENT REPORT OCT 2 5 2018

SUBMIT FORM TO:

•	
1. OFFICE INFORMATION Florida Gashpertadlogy Associates	508 N. Alexander St Suite I
Plantcity 33563 Hillsborough	Street Address
City U Zip Code County Yawar M. Nensey M.D.	Telephone  OSR ## 1126
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patient's address for Physician or Licensee Reporting	•
II. PATIENT INFORMATION	
Patient Name	Age 10/10/16 Gender Medicaid Medicare
Patient's Address	Date of Office Visit ColonosCopy
Patient Identification Number H1510/4 of Colon Polities.	Purpose of Office Visit
Diagnosis J )	ICD-9 Code for description of incident
III. INCIDENT INFORMATION	Level of Surgery (II) or (III)
ID-ID-IQ Incident Date and Time	Location of Incident:  ☑ Operating Room □ Recovery Room
7. 7	Operating Room
Note: If the incident involved a death, was the medical exan Was an autopsy performed? □ Yes X No	niner notjified? □ Yes 😾 No
A) Describe circumstances of the incident (narration (use additional sheets as necessary for complete response)	ve)
The patient underwent a colonoscopy for history colon	polyps on 10/10/2016. During the colonoscopy
the patient was found to have a narrowing or twist at th	e hepatic flexure and couldn't get through. The
procedure was limited to the hepatic flexure. In recov	ery the patient started having nausea/vomiting —
and abdominal pain. Since symptoms persisted the pa	itient was taken by EMS to ER at South Florida =
Baptist Hospital. I discussed the case with ER physician	and saw, the patient in the ER as well. An acute -
abdominal series was ordered and reported free air. E	Both ER physician and I discussed care with the –
surgeon, Dr. Butler, who took the patient to surgery tha	
cecal volvulus and did a right hemicolectomy with prin	nary anastomosis. The surgery was uneventful
The patient was discharged on 10/14/2016.	

Su:	rgical, diagnostic, dr. treatment cedure being performed at time of control of the control of th	nt, event, bircı	colon 751.4 unstances, or aused the injury	Resulting i	Perforation injury des 800-999.9)	n 56
C)	List any equipment used if directly (Use additional sheets as necessary for complete re		the incident			
D)	Outcome of Incident (Please check)	:	,			
<u> </u>	Death		~Surgical procedu	re performe	d on the wrong si	ite **
Q	Brain Damage	. □	Wrong surgical p	rocedure pe	erformed **	
□	Spinal Damage	) J	Surgical repair of		damage from a pl	lanned
	Surgical procedure performed on the wrong	patient.	surgical procedur	re.		
- - -	A procedure to remove unplanned foreign of remaining from surgical procedure.  Any condition that required the transfer of the	bjects	** if it resulted in:  Death Brain Damag Spinal Dama Permanent d	ge ige lisfiguremen	it not to include th	ne
•	patient to a hospital.			lislocation o	f bones or joints	
ob:	tcome of transfer – e.g., death, brain damage servation only <u>Surgery</u> me of facility to which patient was transferr South Flovida Captist Hospita	ed:	<ul><li>Limitation of function.</li><li>Any condition patient to a h</li></ul>	n that requir		-
the ca	Lise Bohm-Harper RN972 Bryan Robbins MD. Ancethe	stroevitrolo 29413 2510logist	anesthesiologist	, support s 0 64410 5815	staff and other l	health
F)	List witnesses, including license number	ers if license	ed, and locating i	nformation	if not listed ab	oove
	ANALYSIS AND CORRECTIVE Analysis (apparent cause) of this incident of the procedure it was noted	(Use additional				lon.1
DH	Describe corrective or proactive action(s)  he patient was monitored of  Drom -physician was information  -MQA1030-12/06 an X-ray with  te 2 of 3  Consulted a	confiners	Ly until tra	nsfer t	o Hospital	oveteres



### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

JOHN J. OBRICH JR UD	7855 3 8th AVE North.
Name of office Tellershy 3376 Puelles City Zip Code County	Stroet Address 127-341-2499 Telephone
Name of Physician of Licensoo Reporting	MEDOLOLO OLO S  License Number & office registration number, if applicable
Palient's address for Physician or Licenses Reporting	
II. PATIENT INFORMATION	
Patient Name	Age Medicald Medicara
Pallani'a Addrege	Date of Office Vigit S'Urgers Dioraduro
Patient Identification Number	Purpose of Office Visit  [CD-9 Code for description of incident
Nypercoper	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION 11(16/16 6-30 AM.	Location of incident:
Incident Dale ลักd Time -	Schor Post of Sley down but
Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No	er notified? © Yes □ No.i .
A) Describe circumstances of the incident (narrative)	Repertony and Treest reduction
on 11/15/16. It was bept one	The state of the s
monetoned by an ACLS	thereo RN. No Havelopel
evaluation. Ne was stale	the and transfilled for
Win and was DK to he	we awar 4 dous later.
DH-MOA1030-12/06 New Stora was Page 1 of 3 Our Gaulily as an out	evecualed on 11/22/16 in
Our fault as an out	patient. Ne reovered
uneverthely.	J

B) ICD-10-CM Codes

	·
D) Outcome of Incident (Please check)	
Death	☐ Surgical procedure performed on the wrong site **
⊇ Bráin Damage	☐ Wrong surgical procedure performed **
□ Spinsi Demage □ Surgical procedure performed on the wrong patient. □	□ Surgical repair of injuries or damage from a planned surgical procedure.
A procedure to remove unplanned foreign objects remaining from surgical procedure.  Any condition that required the transfer of the patient to a hospital.  Outcome of transfer—e.g., death, brain damage, paservation only transferred:  The patient was transferred:  The parameter of transferred:  The parameter of transferred:  The parameter of transferred:  The parameter of the transferred of the parameter of t	"If it resulted in: Death Brain Damage Spinal Damage Permanent disfigurement not to include the inclsion scar Fracture or dislocation of bones or joints Limitation of neurological, physical, or sensory function. Any condition that required the transfer of the patient to a hospital.  Pensed, locating information and the capacity in which de anesthesiologist, support staff and other health.  ME 99202  ME 000003
Mary Anne, Narum RN	N 2 7 5 7 13 2
Stable Patenge De RN R	N9405465
V. ANALYSIS AND CORRECTIVE ACTION Analysis (apparentifeuse) of this incident (use addition)  Out (ap)	· · · · · · · · · · · · · · · · · · ·
3) Describe corrective or proscribe setten(s) takenous	<i>(</i>
Appropriate partiels  enclosion pro  ori-MQA1030-12/06  Page 2 of 3	OND RN. OD at House

DOH Consumer Service NOV 1 6 ZOTE

**PHYSICIAN OFFICE ADVERSE INCIDENT REPORT** 

		SUBMIT FORM TO:	**
	Department of	Health, Consumer Se	rvices Unit
•	⁴34052 B	ald Cypress Way, Bin	C75
<b>*</b> :	. Tallahi	ssee, Florida 32399-3	
1-305-865-2000	' I allall	155ee, Fiorida 32833-0	2/5 4311
(30) -043-2000	Hil 1	Kane-(onc	course 1
₹		R <sub>a</sub> L	arbor Islands, 33/15
I. OFFICE INFORMATION			
if the state of th	( \ht\ /	I exect 1	-Invida 33713
· · · · · · · · · · · · · · · · · · ·	(pt) (	Street Address	
Name of office	* 4× 7	Ou con Addition	con could
1.) I A RED AD PA	· ×	1-72	1-744-1844
City Zip Code County	<del></del> /	Telephone	
			-8 0-11
- 11-1-15 Tolonic 33154 1	Mining ) Code	ME 001375	<sup>-8</sup> , 354
Name of Physician or Licensee Reporting	پ√ستان اور <u>هاند</u>	License Number & office regi	istration number, if applicable
Name of Physician of Electrises reporting	,	12 **	
		<b>-•</b>	
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II. PATIENT INFORMATION			1 at 12 .
II. PATIENT INFORMATION		(S-C)	
		$\mathcal{M}_{\mathcal{A}}$	ଅ'୯ ⊓. ⊓
		Age Gender	Medicaid Medicare
Patient Name Somerset Dr	100	Age - NOTIFE	4 5 21 6
	, , , , , , , , , , , , , , , , , , ,	Date of Office Visit	
Patient's Address : 554		The minima	a lagno dash
<u> </u>	<del>-</del> \	Purpose of Office Visit	
Patient Identification Number:	M+F)	, albase of Olitos trate	"
	<u>, , , , , , , , , , , , , , , , , , , </u>	ICD-9 Code for description of	of incident
Diagnosis		-	• 111
	ar some	Level of Surgery (II) or (III)	······································
	•		
III. INCIDENT INFORMATION		•	·
III. INCIDENT INFORMATION		343	
4222 AM NOV 5, 2	- 16	المستوامية	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر ۱۵	Location of Incident	□-Recovery Room
Incident Date and Time		☐ Operating Room ☐ Other	ar Recovery Room
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		- neffeed? T Vee III No.	
Note: If the incident involved a death, was the	e medicai examine	rnouned/Lites Eino	
Was an autopsy performed? □ Yes □!	<i>N</i> o -		
7,000			
A) Describe circumstances of the inci	dent (narrative)	_	
(use additional sheets as necessary for complete re	enoneo)	••	
(use additional sheets as necessary for complete re	sponse)	· .	
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MSMC ER (Mianul	- seally	Invoire	7 provide
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ordera.			<del></del>

B) ICD-9-CM Codes	, ,,,,
	circumstances, or at caused the injury E-Codes)  Resulting Injury (ICD-9 Codes 800-999.9)
C) List any equipment used if directly involved (Use additional sheets as necessary for complete response)	d in the incident
D) Outcome of incident (Please check)	
Death	□ Surgical procedure performed on the wrong site **
□ Brain Damage	☐ Wrong surgical procedure performed **
Spinal Damage	Surgical repair of injuries or damage from a planned surgical procedure.
□ Surgical procedure performed on the wrong patient.	** if it resulted in:
☐ A procedure to remove unplanned foreign objects remaining from surgical procedure.	☐ Death ☐ Brain Damage
Any condition that required the transfer of the patient to a hospital.	☐ Spinal Damage ☐ Permanent disfigurement not to include the incision scar
Outcome of transfer – e.g., death, brain damage, observation only transferred; Name of facility to which patient was transferred:  Mt. Sinan Meade Center	<ul> <li>Fracture or dislocation of bones or joints</li> <li>Limitation of neurological, physical, or sensory function.</li> <li>Any condition that required the transfer of the patient to a hospital.</li> </ul>
they were involved in this incident, this would inclease providers.	censed, locating information and the capacity in which ude anesthesiologist, support staff and other health  N9290019  ME-0013758  ARNP 9220190
F) List witnesses, including license numbers if license	ensed, and locating information if not listed above
<u> </u>	•
IV. ANALYSIS AND CORRECTIVE ACTION A) Analysis (apparent cause) of this incident (Use add	itional sheets as necessary for complete response)
Possible Variant Ve	n Wille Grands design
( lood ans crasia)	7. 3
B) Describe corrective or proactive action(s) taken (	Use additional sheets as necessary for complete response)
DOCK jed blood cells, of plo	netion is lighting of Geltoan
V. SIGNATURE OF PHYSICIAN/LICENSEE	SUBMITTING REPORT LICENSE NUMBER
DATE REPORT COMPLETED TIME	EREPORT COMPLETED

DH-MQA1030-12/06 Page 2 of 2

# PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

I. OFFICE INFORMATION	
Walnut Creek Medical Center Name of office	1779 N University Drive, Suite 101 Street Address
Pembroke Pines 33024 Broward City Zip Code County	(954) 963-0888 Telephone
Daniel L. Cohen, MD	ME106752 OSR 598
Name of Physician or Licensee Reporting	License Number & office registration number, if applicable
see below Patient's address for Physician or Licensee Reporting	
II. PATIENT INFORMATION	
	Male 🖂 🖂
Patient Name	Age 1/5/2017 Gender Medicaid Medicare
Patient's Address 0000074983	Date of Office Visit  Colonoscopy
Patient Identification Number	Purpose of Office Visit
<u>Colon Polyps</u> Diagnosis	ICD-9 Code for description of incident
	Level of Surgery (II) or (III)
III. INCIDENT INFORMATION	
1/5/2017 0910 Incident Date and Time	Location of Incident:  ☑ Operating Room ☐ Recovery Room ☐ Other
Note: If the incident involved a death, was the medical exami Was an autopsy performed? □ Yes □ No	ner notified? □ Yes □ No
A) Describe circumstances of the incident (narrative (use additional sheets as necessary for complete response)	
Patient brought into the procedure room via stretcher, check in	at 9:00 am. Time out performed at 9:04 am.
Propofol 100mg given by anesthesia. Procedure, colonoscopy	started at 9:05 am. Patient became bradycardic
oral/nasopharyngeal airway placed. Procedure terminated and	
Atropine 0.4 mg given x 2. Crash cart brought into the procedu	
started at 9:17 am. Epinephrine 1 amp administered. AED place	ed CPR continued. AED delivered shock at 9:20 am.
patient in V tach with a pulse. Dextrose 50% 25mg/50mL admir	
without pulse, CPR continued. Report given to fire rescue. Puls	se regained, patient transported via ambulance at
9:30 am to Memorial Hospital West.	

#### B) ICD-9-CM Codes Cardiac Arrest Colonoscopy V76.51 Accident, event, circumstances, or Resulting injury Surgical, diagnostic, or treatment specific agent that caused the injury (ICD-9 Codes 800-999.9) procedure being performed at time of or event. (ICD-9 E-Codes) incident (ICD-9 Codes 01-99.9) C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response) Olympus CF140L 281 2650 (2812650) Colonoscope D) Outcome of Incident (Please check) Surgical procedure performed on the wrong site \*\* Death Wrong surgical procedure performed \*\* Brain Damage Surgical repair of injuries or damage from a planned Spinal Damage surgical procedure. Surgical procedure performed on the wrong patient. \*\* if it resulted in: □ Death A procedure to remove unplanned foreign objects Brain Damage remaining from surgical procedure. Spinal Damage Permanent disfigurement not to include the Any condition that required the transfer of the incision scar patient to a hospital. ☐ Fracture or dislocation of bones or joints ☐ Limitation of neurological, physical, or sensory Outcome of transfer - e.g., death, brain damage, function. observation only Any condition that required the transfer of the Name of facility to which patient was transferred: patient to a hospital. Memorial Hospital West E) List all persons, including license numbers if licensed, locating information and the capacity in which they were involved in this incident, this would include anesthesiologist, support staff and other health care providers. Magdi Younan, MD ME94004 (anesthesia) Daniel L. Cohen, MD ME106752 RN3190402 Paul Price, RN Maria Rua, RN RN9416499 Raul Granadillo Edyta Mordas Peter Yotseff, MD ME72171 Scott Snyder, MD ME51655 F) List witnesses, including license numbers if licensed, and locating information if not listed above Same as above ANALYSIS AND CORRECTIVE ACTION IV. A) Analysis (apparent cause) of this incident (Use additional sheets as necessary for complete response) Unknown etiology, ACLS protocols followed. Please see attached B) Describe corrective or proactive action(s) taken (Use additional sheets as necessary for complete response) Remained in continuous contact with Memorial Hospital West and obtained daily updates. The facility will continue to follow the patient during his recovery. Please see attched.

PHYSICIAN/LICENSEE SUBMITTING REPORT

9 AM

TIME REPORT COMPLETED

213

DATE REPORT COMPLETED

ME106752

LICENSE NUMBER

DH-MQA1030-12/06

V.



#### PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

#### SUBMIT FORM TO:

Name of office  City  City  JONG  Name of Physician or Licensee Reporting  Patient's address for Physician or Licensee Reporting	Street Address 8(3 341-4029 Telephone 05 [307] 09R767 License Number & office egistration number, if applicable
Patient Identification Number PAD.  Diagnosis	Age Gender Medicaid Medicare  Date of Office Visit  Purpose of Office Visit 440.33 170-35  ICD-9 Code for description of Incident  Level of Surgery (II) or (III)
III. INCIDENT INFORMATION  JAN. 24, 2016 17:45  Incident Date and Time  Note: If the incident involved a death, was the medical examine Was an autopsy performed? □ Yes □ No NA	Location of incident:  Operating Room  Cother  In notified?  Yes In No
A) Describe circumstances of the incident (narrative) (use additional sheets as necessary for complete response)  POPORATO POUTING ANALOGERM AT A. DON BLOOPED UNANTOMA POS AND APPUSED MANUAL PRESON TO ST JOSOPH HOSPITAL—NORS NON TORING. Pt. TX. VIA STAME UPON TRANSFER	HERRITORY & INCIDENT.  ST-PLOCEDULE. ND PROSERG  UPF. HONDSTREIG  TO HAVE A. TRANSFER  EN FOR CONTINUEDO  EMS, VITAL SIGNES